

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification Number	11J/0255 v2
Service	Cataract Surgery
Commissioner Lead	Elective Care Delivery and Transformation
Provider Lead	
Period	01/10/2021 – 31/03/2022
Date of Review	31/03/2022

1. National/local context	
1.1.	A cataract is the presence of visually impairing opacity in the eye’s natural lens, which may occur in one or both eyes. Cataract surgery, whereby the natural lens is replaced by a clear intraocular lens implant, is currently the only effective treatment for cataract.
1.2.	Symptoms of cataract include blurred vision, glare (particularly in bright daylight or night-time vision) and refractive change resulting in more frequent updates in spectacle prescription. Risk factors for cataract include increasing age, diabetes mellitus, corticosteroid use, female gender, socio-economic status, ethnicity, smoking and alcohol.
1.3.	Nationally hospital attendances for ophthalmology account for 9% of all hospital outpatient attendances and the most common surgical procedure in the UK is cataract surgery.
1.4.	There are two Acute Trusts delivering eye services within Dorset: University Hospitals Dorset (UHD) and Dorset County Hospital (DCH). Approximately 6000 cataract operations are undertaken annually across both Trusts.
1.5.	The Dorset population has a higher percentage of those aged 65+ than the national average and is in the highest quintile for the country (24.4% of the population of Dorset; compared to 17.5% of England) (PHE Vision Atlas, 2021).
1.6.	The patient demographics of the county have contributed to significant waiting list pressures in ophthalmology and predominantly for cataract surgery. These pressures have been further exacerbated by Covid-19.
1.7.	The independent sector is a key stakeholder in increasing capacity for cataract operations, and thereby reducing waiting lists and enabling timely access to care.

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	Improved Ophthalmology 18-week RTT performance across the Dorset System	
3.2	Effective use of resources in treating cataracts with >90% conversion from outpatient consultation to surgery	
3.3	>85% of all patients to achieve visual acuity better than 6/12 post-operatively	
3.4	< 1% onward referral to Dorset Acute Trusts with post-surgery complications	
3.5	100% submission to National Ophthalmology Database (NOD) for audit purposes	
3.6	Service users feel informed about their condition and have a high level of satisfaction in their care.	

4. Service Aims and Objectives			
Aims		Objectives	
4.1	Timely and equitable access to cataract surgery for Dorset patients	4.1.1	Waiting-list prioritisation including working with local trusts to treat those who have been waiting the longest across both Patient Choice and Inpatient Transfer lists.
		4.1.2	Increased capacity within the Dorset system for low, medium and higher risk cataract operations, with a choice of provider and locations
4.2	Safe and effective care	4.2.1	Deliver high quality care in line with locally agreed pathways, national guidance and best practice
		4.2.2	Data inputted to the National Ophthalmology Database
		4.2.3	Access to 24-hour provisions for post-surgical complications
4.3	Patient centred care	4.3.1	Care closer to home for Dorset patients
		4.3.2	Acceptance for surgery will not be based on visual acuity alone.
		4.3.3	Discharge planning to include a service user's social needs
		4.3.4	Comprehensive written and verbal information to support service users, their carers and supporters across all parts of the pathway of care.
4.4	Collaborative working within the Dorset System	4.4.1	Engaging with Dorset CCG and local Acute Trusts
		4.4.2	Upholding the principles of improvement and integration

5. Service Description/Care Pathway	
5.1. Summary	<p>The service will provide cataract procedures for Dorset patients, following both national and local guidance and best practice. Service users will be seen in a timely manner, with one-stop outpatient review and preassessments reducing the number of times they must travel for appointments.</p> <p>The service will be responsible for the entire pathway of care for cataract procedures from the point of a referral being received. This will include treatment for any complications arising from cataract surgery as laid out in the clinical scope section below. Prioritisation of waiting lists and working with the local Acute Trusts will ensure equity by treating Dorset patients according to clinical priority and waiting time.</p>
5.2. Referral	<p>Referrals for cataract surgery will be via one of two routes:</p> <ul style="list-style-type: none"> • a GP referral via ERS as per local pathways which account for patient choice; or • Inpatient Transfer from one of the local Acute Trust waiting lists <p>. Referrals will not be accepted directly from optometrists.</p>
5.3. Clinical Scope and Pathway	<p>The scope of the service is to offer treatment of cataracts to Dorset Service Users (as defined in Section 6). 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:</p> <ul style="list-style-type: none"> • First outpatient appointment for assessment and pre-operative preparation • Day case or inpatient admission for surgical intervention • Follow-up outpatient appointment(s) as clinically required to complete the pathway of care. <p>Pre-surgery assessment Pre-operative consultation and preparation will be undertaken as a 'one-stop' appointment to negate the need for multiple hospital attendances. The appointment will include adequate assessment to ensure the service user meets the access criteria for cataract surgery and identify high risk patients with co-morbidities or any other clinical history that may impact on treatment or appropriateness for to proceed to surgery.</p> <p>Service users will be given information before a booked appointment to aid them with decision making with the option to cancel the appointment in a timely manner, without charge to the CCG, if they chose to not go ahead with surgery. The service may use the Dorset Cataract patient decision aid tool MD Cataracts7 - YouTube, or one of their own choosing.</p> <p>Cataract Surgery The surgical interventions offer will be:</p> <ul style="list-style-type: none"> • Phakoemulsification of lens • Extracapsular cataract surgery • Secondary insertion of lens

In addition, the provider may undertake treatment of a dropped nucleus or management of a posterior capsule tear required due to complications arising from cataract surgery. Endophthalmitis vitreous tap may be carried out by a trained consultant where necessary due to a complication of surgery.

The provider will establish a clear pathway for handover to a Dorset Acute Eye Unit where complications occur that cannot be safely managed in-house.

Post-Operative Follow-up

Post-operative follow-up at 4-6 week will include;

- Assessment of the eye including any inflammation, lens position, eye pressure, the retina, cornea and macular (using a slit-lamp and OCT if required)
- Visual acuity including unaided vision
- Refractive correction
- Pre-surgery corrected visual acuity
- Post-surgery corrected visual acuity refraction 4 to 6 weeks after surgery

Further follow-up appointments where clinically required will be undertaken by the provider in order to complete the pathway of care.

The provider will ensure that information required for the UK minimum cataract dataset is routinely collected and submitted to the National Ophthalmology Database (NOD) Audit.

Post-operative follow-up may be undertaken by the provider or through sub-contracting arrangements with local optometrists. Where sub-contracting arrangements are in place it is the responsibility of the provider to ensure that optometrists have the appropriate Accreditation and equipment. A robust process for reporting outcome data back to the provider will be established where post-operative follow is undertaken through sub-contracting arrangements.

Patients requiring treatment to second eye will need to fulfil the criteria specified in the [Cataract Policy](#). A process for audit of second eye patients will be agreed with Dorset CCG across both new and transferred patient pathways.

Procedures not specified within the service scope described above should not be undertaken without prior authorisation by the Commissioners.

If incidental findings occurring pre- or post-surgery, an onward referral should be made in line with local Dorset pathways and Protocols which may include:

- referral back to GP for new referral to the appropriate Dorset Eye Unit or the Dorset Community Ophthalmology Service.

	<ul style="list-style-type: none"> Urgent referral for suspect wet Macular Disease via the agreed Dorset pathway to their local Acute Trust at University Hospitals Dorset using eye.unit@nhs.net or Dorset County Hospital using REITriage@dchft.nhs.net <p>Diagnostic tests Diagnostic tests should only be undertaken in line with Nationally and Locally agreed clinical pathways and guidance. OCT (Optical Coherence Tomography) will not be routinely undertaken as part of the cataract surgery pre-assessment pathway unless clinically indicated.</p> <p>Where diagnostic tests are required, the provider will offer patients, as standard, same day diagnostic testing not requiring an additional appointment.</p> <p>Service User transfers from UHD and DCH The service will work with the Dorset acute trusts to develop clear processes for transfer of service users from non-admitted waiting lists. Where a service user is transferred the provider will undertake the whole pathway of care, including first outpatient appointment, surgery and any necessary follow-up.</p>
5.4. Collaboration	The service will collaborate with local NHS acute trusts to develop training options for registrars to ensure local professional development acquisition of skills. There will be two lists per week made available for registrars from University Hospitals Dorset NHS Trust and Dorset County Hospital NHS Trust.
5.5. Medication	All episodes of treatment will be inclusive of drugs, devices and consumables, which should be selected in line with the Dorset formulary pan Dorset formulary and the commissioned pathway. Any medications post-surgery are part of that episode of care and should be supplied on discharge, with appropriate governance in place. Any outpatient medications required must be supplied in line with Dorset Outpatient Guidance 2016
5.6 Days/Hours of Operation	The provider must offer days and hours of service to ensure the service has sufficient clinics and theatre slots to meet waiting time targets. Arrangements must be flexed to meet demand and to support patient choice. The provider will ensure 24-hour provision to respond to post-surgical complications including access to a Consultant Ophthalmologist.
5.7. Service locations	Surgery will be available within Dorset, or neighboring counties Pre- and post-operative appointments will be offered close to service user's homes, and emergency care including access to a consultant ophthalmologist for complications arising from surgery will be offered within the County.

<p>5.8. Service User Information</p>	<p>Service users will be offered sufficient information about the risks and benefits of cataract surgery both before and during the outpatient assessment to enable them to make an informed choice about proceeding to surgery with an emphasis on proactive shared decision making (SDM) for patients and carers.</p> <p>On discharge, post-surgery service users will be given the following information as a minimum:</p> <ul style="list-style-type: none"> • Written information on aftercare • Written information on what to expect following surgery • Written information on what to do if a problem occurs and who best to contact • A telephone number to contact which will be operational 24hrs a day
<p>5.9. Communication</p>	<p>All referrals received must be in digital format.</p> <p>The service will be responsible for notifying the GP of all Service User episodes of care within the service, including transfer and discharge.</p> <p>Communications with GPs and other care providers will clearly state whether they are for information only or if there is an action required</p>

<p>6. Eligibility, Acceptance and Exclusion</p>	
<p>6.1. Population covered</p>	<p>Service Users who are registered with a Dorset GP practice.</p>
<p>6.2. Acceptance criteria</p>	<p>The following Acceptance Criteria will apply:</p> <ul style="list-style-type: none"> • Service Users must be aged 18 years or over • Service Users must have been assessed by an Optometrist or GP prior to referral • Service users that meet the Dorset Cataract Surgery Access Based Protocol • Service Users are referred either by a GP via the National e-Referral System or identified for transfer to the provider from Dorset County Hospital or University Hospital Dorset waiting lists
<p>6.3. Exclusion criteria</p>	<p>The following exclusion criteria will apply:</p> <ul style="list-style-type: none"> • Where patients are already being seen at another Ophthalmology provider for a long-term eye condition, the provider should seek confirmation from the existing provider consultant that it is safe and, in the patient's best interests, before performing cataract surgery. • Patients under the age of 18 years old • Service users with previous glaucoma surgery • Service users already under the care of Hospital Eye Service, unless agreed with the acute trusts

	<ul style="list-style-type: none"> • Any patient who does not meet the Dorset Criteria Based Access Protocol for Cataract Surgery • Emergency Ophthalmology referrals • Contact lens trials for keratoconus • Investigations for intracranial pressure • Patients with severe head tremor • Patients with extreme claustrophobia who are unable to lie flat with a drape covering their face • Patients with dementia who could not tolerate cataract surgery with topical anesthetic • Patients with learning difficulties who could not tolerate cataract surgery with topical anesthetic • Epileptics who have had more than 1 grand mal seizure in the last month • Patients with a defibrillating pacemaker capable of delivering a shock to the patients • Unresponsive uveitis • Brittle or end stage glaucoma • Diabetics undergoing treatment for maculopathy
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7. Interdependence with Other Services/Providers	
7.1.	Key interdependencies include but are not restricted to: <ul style="list-style-type: none"> • Local Optometrists • GPs • Dorset Acute Trusts • Community Ophthalmology services • Third sector and Local Authority services for visually impaired people

8. Applicable Service Standards	
8.1	The service will comply with all applicable NICE guidance and standards.
8.2	The service will comply with all applicable standards set out in guidance and/or issued by the Royal College of Ophthalmology

Location of Provider's Premises	
	Forelle House, Marshes End, Upton Road, Poole, Dorset, BH17 7AG Ground Floor, Stoneham Place, Stoneham Lane, Southampton SO50 9NW