APPENDIX B

SCHEDULE 3

SERVICE SPECIFICATION – GLAUCOMA REFERRAL REFINEMENT SCHEME

1  SERVICE AIMS

1.1 The service aims to:

- Reduce the number of false positive readings and subsequent onward referral to the hospital eye service by providing patients (registered with an NHS Northamptonshire GP) with an alternative community service to that of secondary care

- Reduce patient anxiety in having to attend hospital by enabling participating optometrists to refine their own referrals for glaucoma by repeating intraocular pressure (IOP) measurements.

1.2 The service aims to improve health and reduce inequalities by providing appropriate access to the glaucoma refinement scheme according to the local pathway.

1.3 The service is expected to reduce the number of unnecessary referrals from primary care to secondary care, supported by the provision of more accurate referral information.

1.4 The knowledge and skills of participating community ophthalmic practitioners will be better utilised.

2  SERVICE OUTLINE

2.1 The service will enable accredited optometrists to decide whether or not to refer patients to the hospital for suspected glaucoma by carrying out a refinement of their referral in line with agreed exclusion/inclusion criteria (see agreed pathway page 6)

2.2 Refinement will involve accredited optometrist repeating suspicious intraocular pressures (IOP) using the Goldmann or Perkins applanation method, for either NHS or private optometric patients.

2.3 The service is provided by local accredited ophthalmic practitioners who have a range of equipment to facilitate detailed examination of the eye, as well as the specialist knowledge and skill.

2.4 The service is accessed by patients direct from the local ophthalmic practitioner, either by:

2.4.1 Self-referral to the service via local signposting (“self-referral”)

2.4.2 Referral from an optometrist who does not hold a contract for the glaucoma refinement scheme (“optometrist referral”)
2.4.3 Referral from a non accredited optometrists to GP and GP refers patient to accredited optometrist (should be by exception only).

The service is available to all persons registered with a GP practice located within the geographical area of the PCT.

3 SERVICE PROVISION

3.1 Referrals to the service shall be made in accordance with paragraph 4.7 of this Schedule 3.

4 SERVICE SPECIFICATION AND CRITERIA

4.1 Service to be commissioned

4.1.1 This service provides for the refinement of suspected glaucoma referrals (by accredited optometrist) to secondary care and is an enhancement service not covered by the general ophthalmic service (GOS).

4.1.2 The Contractor shall identify patients requiring further assessment by carrying out normal eye examinations/sight tests at the correct intervals. Patients who are identified as having IOP>21mmHg during a standard GOS or private sight test will have immediate Goldmann or Perkins Applanation tonometry assuming the optometrist is accredited to provide the service. This service falls within core competencies for optometrists.

Outcomes – Level 1
1. The results are within normal limits and the patient can be discharged. (At risk groups should be monitored at appropriate intervals under GOS).
2. Pressure is >21 mmHg (for age up to 64, for age 65-79, IOP being >24 mmHg and for 80+ IOP being >25 mmHg). Patient proceeds to level 2.

Level 2
Patient attends for repeat Goldmann or Perkins applanation tonometry after one week. (undertaken by accredited optometrist).

Outcomes
There are three possible outcomes from repeating this test:
1. The results are within normal limits (for age) and the patient can be discharged (at risk groups should be monitored at appropriate intervals under GOS).
2. The pressure is confirmed as 22-32 mmHg (‘for age’) and the patient is referred to the OHT diagnosis pathway.
3. Pressure >32mmHg is confirmed and the patient is referred to consultant ophthalmologist.
4.1.3 During examination the practitioner will take 4 readings per eye and use the mean as the result. If the IOP is above 21mm Hg (NCT) their IOP will be repeated using Goldmann or Perkins according to set criteria.

4.1.4 Repeating IOP using applanation can be carried out on the same day for all patients and depending on the results follow the pathway.

4.1.5 Any patient with an IOP reading >32mmHg should be referred directly to secondary care.

4.1.6 The Contractor shall ensure that all patients (and all their carers and support staff where appropriate) receive appropriate information about glaucoma.

4.1.7 The Contractor shall forward a copy of the referral to the patient’s GP with a request that the medical history of the patient is forwarded to the relevant Provider.

4.2 Criteria for referral

4.2.1 See section 4.7 and pathway page 6.

4.3 Monitoring and Follow Up

4.3.1 Patients who fall into the ‘at risk’ groups should be monitored under the GOS at appropriate intervals.

4.3.2 Patients who do not meet the criteria for onward referral to secondary care should be advised to attend an optometrist for sight tests at the appropriate recommended interval.

4.4 Equipment

4.4.1 The Contractor joining the IOP refinement service will be expected to employ an accredited optometrist and have the following equipment available:

- Slit lamp and fundus viewing lens
- Goldmann or Perkins applanation tonometer
- Threshold fields equipment capable of producing a printed report
- Distance test chart
- Appropriate ophthalmic drugs
- Mydriatic
- Anaesthetic
- Staining agents.

4.4.2 The Contractor is responsible for ensuring that all the required equipment is available, operational and well maintained.
4.5 Accreditation

4.5.1 The Contractor and all *ophthalmic practitioners* employed or engaged by the Contractor in the provision of this service shall have undertaken accreditation and appropriate training based on modern authoritative clinical opinion and recommendations by the LOCSU. This will include attendance at a local workshop to ensure all participating practitioners are up to date with the use/calibration of contact applanation. The workshop will also deliver information regarding referral pathway and criteria and the interpretation of results and disease process.

4.5.2 The Contractor shall ensure that all practitioners are compliant with the practice protocols for the clinical management of all patients in receipt of this service. These protocols must be in line with best practice clinical guidelines and reviewed at least every 12 months.

4.5.3 The Contractor shall be responsible for ensuring that all persons employed or engaged by the Contractor in respect of the provision of the services under the Contract are aware of the administrative requirements of the service.

4.5.4 The PCT will provide GPs and optometric practices with a regularly updated list of contractors and accredited optometrists providing this service.

4.6 Patient Eligibility

4.6.1 The service is available to all persons registered with a GP practice located within the geographical area of the county of Northamptonshire.

4.6.2 If a *patient* wishes to communicate using a language other than English, the Contractor shall have access to the interpretation and translation service available through the PCT.

4.7 Referral and Patient Pathway

4.7.1 *Patients* shall attend the Contractor at the *practice premises* for general ophthalmic services.

4.7.2 If IOP pressures are raised patients may enter enhanced referral refinement services and IOP will be repeated using Goldmann or Perkins applanation on the same day undertaken by accredited optometrist only.

1. **For age up to 64 – if IOP > 21mm Hg** – Repeat in one week
   - if IOP >21mm Hg – refer to secondary care

2. **For age up to 64 if IOP < 22mm Hg** – Do not refer.
3. **For age 65-79 – if IOP > 24mm Hg** – Repeat IOP in one week – if IOP > 24 mm Hg refer to secondary care.

4. **For age 65-79 – if IOP < 25mm Hg** – Do not refer.

5. **For age 80 plus – if IOP >25mm Hg** – Repeat in IOP in one week – if IOP >25 mm Hg – refer to secondary care

6. **For age 80 plus – if IOP < 26mm Hg** – Do not refer.

**Any IOP reading > 32mm Hg** to be sent direct to secondary care.

4.7.3 For onward referral to secondary care the Contractor shall send the referral form to the chosen provider either by secure e-mail or fax.

4.7.4 The Contractor shall send a copy of the referral to the patient’s GP which will generate the request for a medical summary to be sent to the chosen provider.

4.7.5 The Contractor shall send a further copy of the referral to the PCT which will generate the payment to the Contractor.

4.7.6 No payment will be made for duplication of tests or tests undertaken by non-accredited optometrists.
Current Service Funded by GOS

1. Patient arrives @ optometrist of choice
2. Eye exam/sight test undertaken
3. Practitioner takes 4 readings per eye & uses the mean as the result.
   If IOP is above 21mm Hg
   Note: When referring Px on IOP alone, Goldman (or Perkins) is regarded as offering greater accuracy (COO, 2009)
4. Further assessment required (NICE guidance refer to Hospital via GP)

Enhanced Referral Refinement Service

5. (for age up to 64)
   Repeat IOP using applanation on the same day
6. If IOP > 21mm Hg
7. If IOP < 22mm Hg
8. Repeat IOP in 1 week
9. Do not refer
10. IOP > 21mm Hg
11. IOP < 22mm Hg
12. Refer to Secondary Care

13. (For age 65-79)
   Repeat IOP using applanation on the same day
14. If IOP > 24mm Hg
15. If IOP < 25mm Hg
16. Repeat IOP in 1 week
17. Do not refer
18. IOP > 24mm Hg
19. IOP < 25mm Hg
20. (For age 80+)
   Repeat IOP using applanation on the same day
21. If IOP > 25mm Hg
22. If IOP < 26mm Hg
23. Repeat IOP in 1 week
24. Do not refer
25. IOP > 25mm Hg
26. IOP < 26mm Hg

** Any IOP reading > 32mm Hg to be sent direct to Secondary Care **
4.8 Record Keeping and Data Collection

4.8.1 The Contractor shall maintain appropriate clinical records to show:

- Whether or not the patient meets the referral criteria
- Details of any referral made
- Details of associated ocular co-morbidities or other reasons for referral.

4.9 Service Review

4.9.1 The Contractor shall co-operate with the PCT as reasonably required in respect of the monitoring and assessment of the services, including:

- Answering any questions reasonably put to the Contractor by the PCT
- Providing any information reasonably required by the PCT including clinical audits, distribution of patient satisfaction surveys as developed by NHS Northamptonshire and release of non-identifiable patient information for the purposes of quality improvement initiatives to be undertaken by NHS Northamptonshire relating to this specific patient group.
- Attending any meeting or ensuring that an appropriate representative of the Contractor attends any meeting (if held at a reasonably accessible place and at a reasonable hour, and due notice has been given), if the Contractor’s presence at the meeting is reasonably required by the PCT.

5 CLINICAL GOVERNANCE

5.1 The Contractor is required to achieve Level One of the Quality in Optometry Scheme.

5.2 Infection Control

5.2.1 In addition to the requirements of clause 28, the Contractor shall specifically ensure that:

- The clinical environment is maintained appropriately to reduce the risk of healthcare acquired infections
- Waste is disposed of safely without risk of contamination or injury and is in accordance with national legislation and regulations
- Clinical equipment is managed appropriately to reduce the risk of healthcare acquired infections
- Hand washing is undertaken correctly using an appropriate cleansing agent. Hand washing facilities shall be adequate to ensure hand hygiene can be carried out effectively
• The environment is cleaned to an appropriate standard and monitored regularly
• Items in direct contact with the eye shall be disposable and shall not be re-used *re-usable tonometer heads may be used as an exception providing the correct disinfection procedures have been carried out.

5.3 Facilities and Equipment

5.3.1 In addition to the requirements of clause 28 the Contractor shall meet the following non-exhaustive list of requirements:

• Hand washing with hot/cold water to be available in the consulting room
• Liquid soap
• Alcohol gel
• Paper towels
• Single use items
• Clinical waste collection
• Sharps containers
• Washable work surfaces
• Floor and wall surfaces maintained in a clean and hygienic manner
• Cleanable lighting, especially lighting close to the patient.

5.4 Serious Incidents

5.4.1 In addition to the requirements of clause 66, the Contractor shall comply with the requirements of the PCT’s Policy for the Reporting and Handling of Serious Incidents.

5.4.2 Fitness to practice concerns shall be reported by the Contractor to the PCT Professional Lead – Optometry and will be investigated by the PCT.

5.5 Clinical Audit

5.5.1 The Contractor shall participate in any clinical audit activity as reasonably required by the PCT (this may include practice visits), and maintain appropriate records to evidence and support such activity, including a spreadsheet or table showing the outcome of each clinical audit.
6 PAYMENT

6.1 Payment for the service is on a cost per case arrangement. The PCT shall pay the Contractor **£18.00** for raised pressure for the first applanation to be carried out using Goldmann or Perkins during the normal appointment slot.

6.2 Any requirement to carry out a second applanation on any patient will be paid at a fee of **£22**.

Claim forms will need to be validated and completed *(see appendix 1)* and will need to be faxed by the Optometrists for the attention of the Patient Contact Centre Manager at the Patient Contact Centre on **Fax No: 01604 609997**. For any queries in relation to claim validation telephone the Patient Contact Centre Manager on 01604 745006.

6.3 Payment will be made to the Contractor on a monthly basis via BACS a month is arrears.

6.4 NHS Northamptonshire may audit the claims at any time.