

NHS Standard Contract - SCHEDULE 2 – THE SERVICES

Ocular Hypertension Service Specification

Service Specification No.	
Service	Ocular Hypertension Local Enhanced Service
Commissioner Lead	Dr Anand Barmade, Commissioning Executive
Provider Lead	As signed
Period	1 st April 2021 to 31 st March 2022
Date of Review	End of contract period or as necessary

1. Population Needs

This enhanced service specification for referral refinement outlines a more specific service to be provided which is beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential services.

Chronic open angle glaucoma (COAG) is a common and potentially blinding condition. It is usually asymptomatic until advanced and many people will be unaware there is a problem with their eyes until severe visual damage has occurred. Ocular hypertension (OHT) is a major risk factor for developing COAG, although COAG can occur with or without raised eye pressure.

Approximately 10% of UK blindness registrations are attributed to glaucoma. Around 2% of people older than 40 years have COAG, rising to almost 10% in people older than 75 years in white Europeans. The prevalence may be higher in people of black African or black Caribbean descent or who have a family history of glaucoma. With changes in population demographics the number of individuals affected is expected to rise. Based on these estimates 480,000 people are currently affected by COAG in England and there are over a million glaucoma-related outpatient visits in the hospital eye service annually. (NICE Clinical guidelines 85, Apr 2009).

The most common method of IOP checking in optometric practice is by non-contact Tonometer, which is known to give false positive readings in some patients. The number of patients who are referred for suspect open angle glaucoma and then found to have no glaucoma is around 40%. These false positive referrals cause unnecessary anxiety to the patient and are a waste of hospital resources

This community based referral refinement service will deflect false positive raised intra-ocular pressure (IOP) patients from Secondary care to help alleviate some of the issues currently facing the hospital Ophthalmology department. This will be accomplished through enabling community optometrists to refine their own referrals prior to deciding whether or not a patient should be referred for suspected glaucoma.

Refinement will involve repeating suspicious intraocular pressure (IOP) readings, using contact Applanation Tonometry for either NHS or private optometric patients.

The proposed service will offer refinement, care closer to home, and an additional screening facility to enhance the ones already in place in primary care.

This framework seeks to utilise the core skills of optometrists to reduce unnecessary hospital referrals. There should be minimal training requirements and these would revolve around optometrists who have not used an Applanation Tonometer for some time who require a skills refresher.

It is expected that the scheme will achieve the following outcomes:

Reduce the false positive rate of suspected glaucoma to the hospital eye department
Reduce patients' anxiety resulting from unnecessary secondary care referral as the majority of these patients are elderly
Keep the care of the patient closer to home
Increase choice of provider for patients
Increase choice of appointment times and dates for the patient.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	N/A
Domain 2	Enhancing quality of life for people with long-term conditions	N/A
Domain 3	Helping people to recover from episodes of ill-health or following injury	N/A
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

3. Scope

3.1 Service Outline

Primary open angle glaucoma is an optic neuropathy documented by visual field loss and optic disc changes for which raised IOP is a risk factor – it cannot be diagnosed by a single parameter.

- Primary open angle glaucoma can occur at any IOP.
- Glaucoma patients tend to have higher IOP's in the morning.
- Approximately 5% of people over 50 will have an IOP measured greater than 21mmHg on a single visit.
- Early optic disc changes may precede visual field defects.
- Ptosis, spectacle lens rim, refractive error, lens opacities and pupil size can all affect visual field results, as do patients' concentration span, anxiety and comprehension of the test.

3.1.1 The ophthalmic practitioner will contact the patient within 2 days and offer a refinement appointment, or can be refined on the same visit if appropriate.

3.1.2 The scheme covers all patients registered with a Rotherham GP practice.

3.1.3 Where the patient has refused a referral, the performer, ophthalmic practitioner or responsible person shall record this on the patient's record.

3.1.4 The performer, ophthalmic practitioner or other responsible person shall provide the patient with a paper copy of their referral form, if requested.

3.2 Criteria for IOP refinement

If a patient has any of the following signs the refinement Optometrist will repeat IOP Raised IOP alone (i.e. normal fields and disc appearance). Above 21mmHg measured by non Applanation. A difference in IOP reading between the two eyes of greater than 5mmHg by non Applanation Tonometry with normal fields and disc appearance.

3.3 Referral Refinement

If a patient falls into any of the above categories the participating refinement optometrist

should re-check the findings under this scheme. This means if the patient's IOP is 21mmHg – 28mmHg the refining optometrist should re-check using contact Applanation Tonometry.

The participating refinement optometrist can claim an enhanced fee for repeating this diagnostic test.

If the patient is subsequently referred on to a secondary care provider it is important to put all the clinical findings, patient's demographics and GP details on the GOS18, ensure the patient understands they have a choice of secondary care provider, ensure it is legible, then send the form using the current GOS18 pathway.

An Applanation Tonometer will, where necessary be provided to practices to deliver this service. Practices will be supplied with a Keeler Applanation Tonometer, Type R / Type T dependent on their requirement. The Applanation Tonometer remains the property of the NHS Rotherham CCG. NHS Rotherham CCG will be responsible for the replacement of the equipment when the manufacturer deems the equipment to be beyond economical repair due to wear and tear. In the case of accidental damage or theft of the equipment, a claim should be made against the provider's insurance policy. The equipment will be used and calibrated in line with manufacturer's guidance that will also include internal quality assurance.

3.4 Equipment Required

Standard GOS or private sight tests will be conducted by a community optometrist prior to IOP refinement using equipment already in practice. The refining optometrist is expected to carry out a second diagnostic test of the eye using disposable prisms for Applanation Tonometry.

The Applanation Tonometer is a "must have" piece of equipment in order to deliver this service but can be either slit lamp mounted on the provider's in-house equipment or handheld i.e. Perkins.

Any domiciliary patients who are unable to attend the practice for Applanation Tonometry refinement should have their IOPs initially checked by non Applanation in order to qualify for this scheme.

All participating Optometrists must be able to demonstrate that their premises meet the minimum requirements with regard to facilities and infection control as defined in the College of Optometrists Infection Control Guidance. They will also have the following equipment in workable order and their practice and equipment will be available for inspection, if required.

- Applanation Tonometer
- Slit lamp
- Fax Machine
- Electronic Field Analyser capable of full threshold screening
- Telephone

3.5 Service Pathway

Is attached as Appendix 1

3.6 Exceptions from the Scheme

Acute glaucoma (angle-closure or rubeotic) is a referral emergency and should be referred via the accepted urgent referral route. Referral pressures over 28mmHg detected at first optometrist visit will *not* be refined, but a direct referral to Secondary care will be made.

This scheme/pathway is only available to Rotherham GP registered patients.

3.7 Accreditation

All refining ophthalmic practitioners should be registered with General Optical Council for 12 months or more. Registered practitioners should hold a relevant and current registration, possessing the core competences for ophthalmic practitioners.

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

3.8 Quality

In order to minimise any risks to patients and staff and to learn from mistakes, near miss and local incident reporting systems must be utilised.

In the event of any adverse incident or near miss the practice or optometrist will complete the SEA Reporting Form and send a copy to NHS Rotherham CCG.

Any complaints about any aspect of the scheme should also be documented as detailed in the NHS Rotherham CCG complaints procedure.

Evaluation of the service will be done on an annual basis.

An annual audit of referrals will be undertaken to ensure Optometrists are referring directly and not via GPs.

Calibration of equipment must be performed and recorded weekly and be available for inspection.

Optometrists who do not feel confident in Applanation Tonometry should contact the LOC for a refresher workshop.

3.9 Payment, Performance and Monitoring

Payments will be made on a monthly basis. Payment will **not** be made for patients that (DNA) did not attend appointment or (CNA) cancel their appointment.

The CCG will pay the contractor £25 for each patient who undergoes referral refinement.

Claims for services provided under this LES must be completed and submitted to NHS Rotherham CCG Quality Assurance Team on the standard IOH claim form, indicating whether or not the patient has been referred and providing all requested information. Claims can be posted, faxed, or submitted electronically to quality.assurance@rotherham.nhs.uk.

Patient choice must be offered, if a patient chooses to attend another hospital (not The Rotherham Foundation Trust) the GOS18 should be forwarded to the patient's GP for referral with an explanatory letter.

A programme of audit and review will be undertaken at predefined intervals to monitor service standards, outcomes, and patient satisfaction. The actual requirements will be discussed and agreed with participating optometrists.

All claims for this service must be submitted within three months following the month in which the service has been provided.

3.10 Notice

All local enhanced services are subject to review by NHS Rotherham CCG and may be terminated by either party on 6 months written notice.