

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Community Ophthalmology Service
Commissioner Lead	John Wingfield
Provider Lead	
Period	01/10/2019 – 30/09/2022
Date of Review	

1. Population Needs

1.1 National context

Milton Keynes has an increasing population, and it is estimated that the prevalence of residents with eye conditions will increase dramatically within Milton Keynes over the next 14 years. Table 1 gives an overview of such increases by the main disease types:

Table1: Estimated Numbers

	2016	2030	Change	Increase
Late Stage AMD	1,160	2,150	990	85%
Glaucoma	2,390	2,890	500	21%
Cataract	1800	3,340	1,540	86%
Diabetic retinopathy	5,120	5,930	810	16%
Blindness	780	1,330	550	71%

This will naturally increase the demand on current ophthalmology services, predominantly secondary care, as residents will require more care. This service aims to help address such changes by providing alternate models of care outside of the secondary care environment, utilising a range of healthcare professionals and clinic types (eg. Virtual Review) to reduce total demand on secondary care and provide resource efficient capacity within the community, providing care closer to home.

The proposed service supports the implementation of a variety of the priorities set out in the NHS Five year forward view;

- Encouraging integration of care / collaborative working between Providers
- Workforce development
- Reduced waiting times and streamlined care

- Resource utilisation

During 2018, NHS England launched the Elective Care Transformation Programme (ECTP) for Ophthalmology and the High Impact Innovation workstream. This requires CCGs to review and transform their local Ophthalmology services to ensure they can safely manage the increasing demand in a cost efficient manner. This service supports several key principles set out in these workstreams, which include:

- risk stratifying patients so that low risk / stable patients are reviewed outside of secondary care
- ensuring all patients are seen within the required timescales for their condition
- ensuring adequate capacity provision within Ophthalmology to manage current and future demand

1.2 Local context

BLMK STP Transformation Priority 2, Priority 3 and Priority 5 focuses on early shifting activity into community settings, closer to home, developing sustainable secondary care services and ensuring the right services are available to the local population. This Service is aligned to priorities 2, 3 and 5 of BLMK STP plan.

The service will also help deliver the local MK Health and Wellbeing Strategy as it supports the following objectives within the strategy:

- Living Well 5 and 6
- Aging Well 7

One of the main aims of the proposed service is to divert activity away from secondary care by utilising new pathways, as set out in the Milton Keynes System Delivery Plan 18/19:

- Provide Right Care First Time and in the most appropriate settings
- Diverting secondary care activity to Primary care
- Developing pathways that offer an alternative to traditional hospital care

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

2.2 Local defined outcomes

The Service will meet the needs of these patients and improve the clinical outcomes for these patients by:

- Reduce the rising demand on secondary care capacity and resources

- Efficient and appropriate patient flows through primary, community and secondary care services through joined up working
- Reduce variation of referrals within primary care
- Delivery of accessible care closer to home and a sustainable service
- Appropriate and timely referrals that are of a high quality
- Improved health outcomes for patients
- Promoting improved vision and prevention of eye disease / harm by providing a clinically effective service meeting the health needs of our ageing population.
- Ensure effective use of resources for Ophthalmology services, in line with MKCCG's Quality, Innovation, Productivity and Prevention (QulPP) Agenda
- Deliver short waiting times (maximum of 4 weeks) for assessment and treatment of Ophthalmology conditions, ensuring that any onward referrals to secondary care, and subsequent interventions, can be managed within the 18 week RTT targets.
- Achieve improved patient experience and high referrer satisfaction

3. Scope

3.1 Aims & Objectives

Aims:

- Improve the quality of referrals to secondary care to reduce unnecessary appointments
- Introduce risk stratification / prioritisation processes to improve the management of patient follow up appointments and ensure best use of clinical resource
- Create system capacity and reduce the total number of attendances required by patients
- Shift care from acute to community where appropriate through new service models
- Improve clinical quality by ensuring patients are seen within required timeframes and their follow-up requirements are well managed (Failsafe Processes)
- Strengthen affordability and value in the health system
- Ensure that patients are seen by the most appropriate healthcare professional in the most appropriate setting
- Improve access and maintain reduced waiting times for specialist assessment, diagnosis and initiation of treatments required
- Support an innovative approach to service delivery e.g. extended working hours, new models of care (all delivered within tariff)
- The provision of timely care by appropriately trained and competent professionals
- The delivery of high quality clinical services ensuring patient safety with a positive patient experience
- The reconfiguration of patient flows to make best usage of available resources and skill mix

Strategic objectives:

- Provide additional opportunities to local workforce
- Ensure that patients receive equitable, timely and appropriate access to advice, diagnosis, treatment and follow-up
- Provide well managed, integrated pathways based on patients' needs across all levels of care.
- Ensure that Milton Keynes Ophthalmology services have adequate capacity to manage increasing demand
- Improve the patient's experience and satisfaction with ophthalmology services
- To streamline referral and management processes
- Provide a responsive service to individuals, including vulnerable and hard to reach groups with additional needs, e.g. learning disability, Dementia, mental health problems etc.

3.2 Service description/care pathway

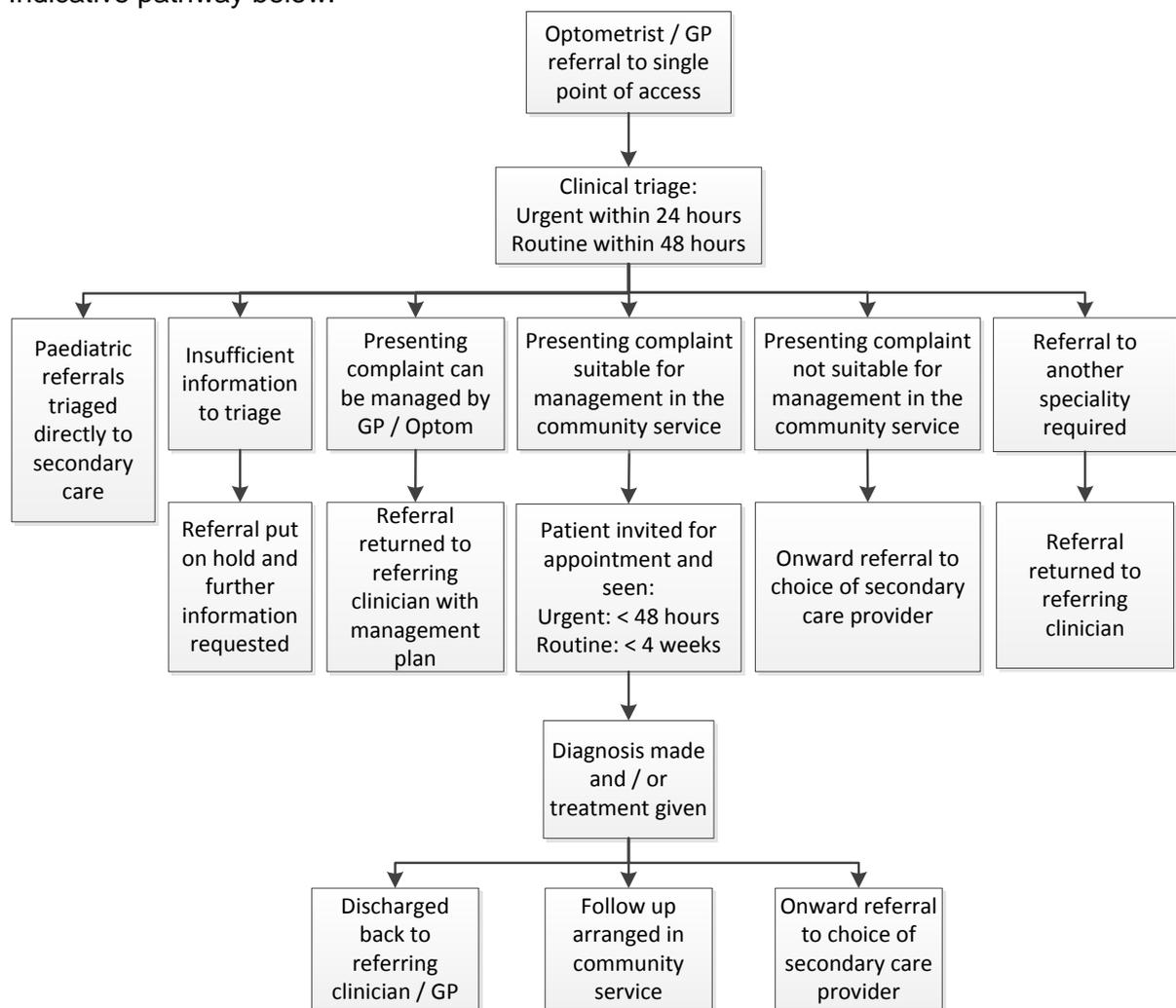
The service will provide a community consultant led Ophthalmology service to diagnose and treat a range of Ophthalmology conditions, and manage relevant follow-up activity within the service, before final discharge back to the care of the patient's own GP, or onward referral to secondary care where necessary.

The service will provide patients with timely access to diagnostics and treatment, providing a 'one-stop' service where possible and appropriate, face to face, non-face to face and virtual style clinics, delivered by a range of appropriately trained and accredited clinicians that may include (this list is not exhaustive); GPwSI's (must be appropriately trained and accredited), Optometrists, Orthoptists, Ophthalmology Staff Grade Doctors, Ophthalmology Consultants.

The service will act as a single point of access for Ophthalmology referrals (excludes Wet AMD, 2WW) and will clinically triage all referrals to ensure that they are appropriate and in line with agreed pathways. The clinical triaging process will be carried out by a senior/experienced clinician to ensure patients are seen by the right clinician in the right location first time.

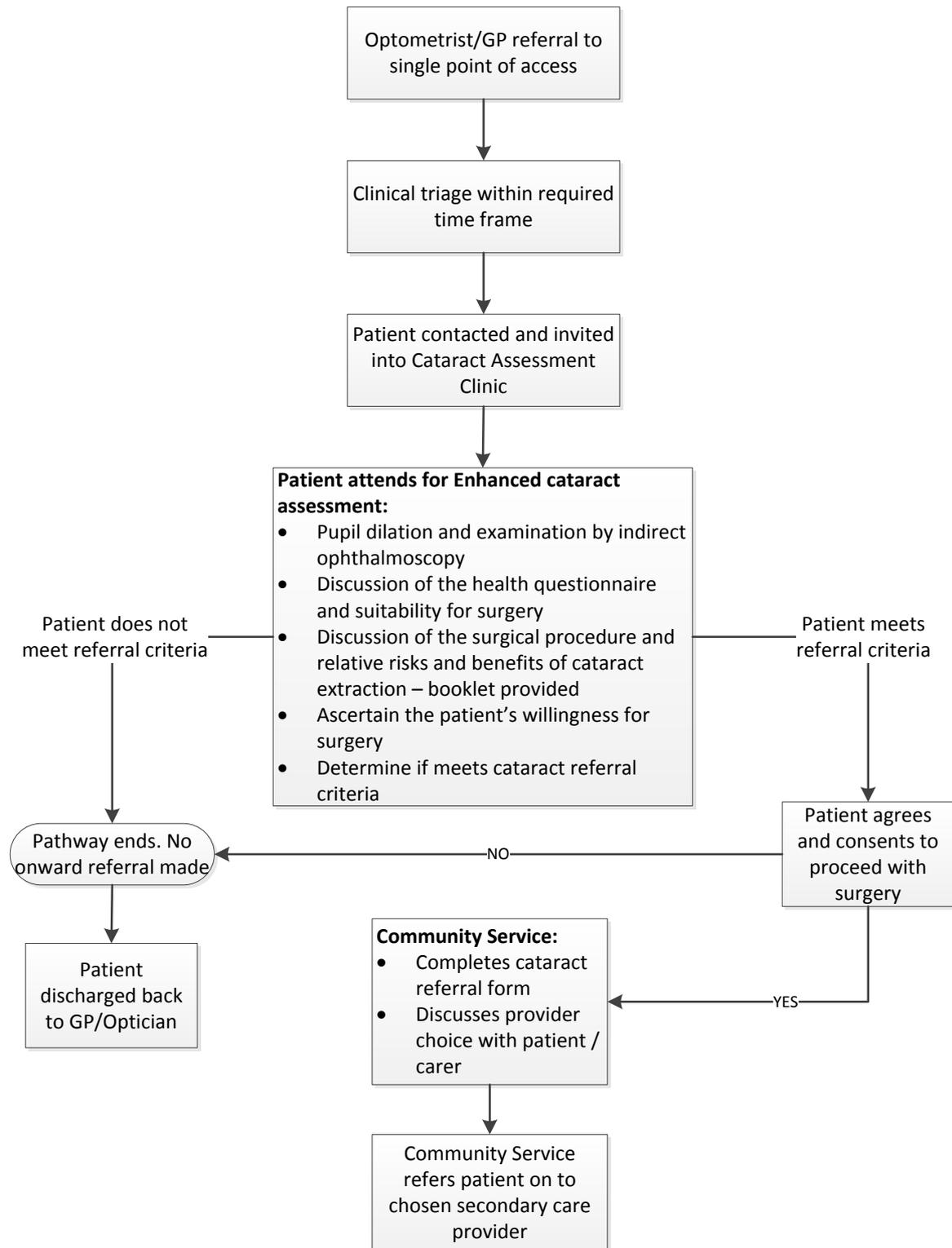
The service will offer a variety of appointment type modalities including face to face, one stop, virtual review clinics and non-face to face/ telephone.

Indicative pathway below:



Cataract:

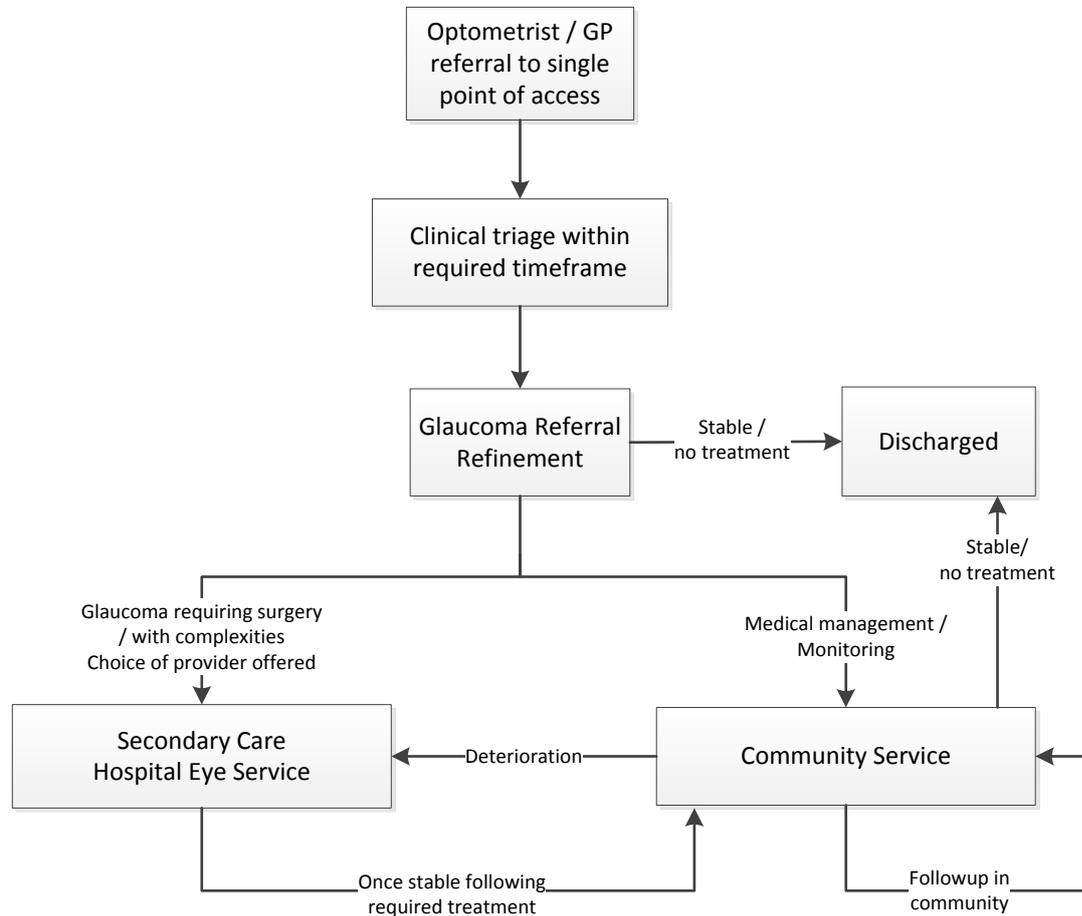
Service users will be referred into the community service by their local Optometrist / GP for an enhanced cataract assessment, prior to being referred on to a secondary care Provider for surgery. Indicative pathway below:



Final pathway to be agreed between Commissioner and Provider during mobilisation

Glaucoma:

Service users will be referred into the community service by their local Optometrist / GP to have first line diagnostics, which are then reviewed by a consultant. An accurate evaluation can then be made and the service user risk stratified accordingly, either; discharged back to their GP / Optometrist, followed up in the community service or referred on to a secondary care Provider. Indicative pathway below:

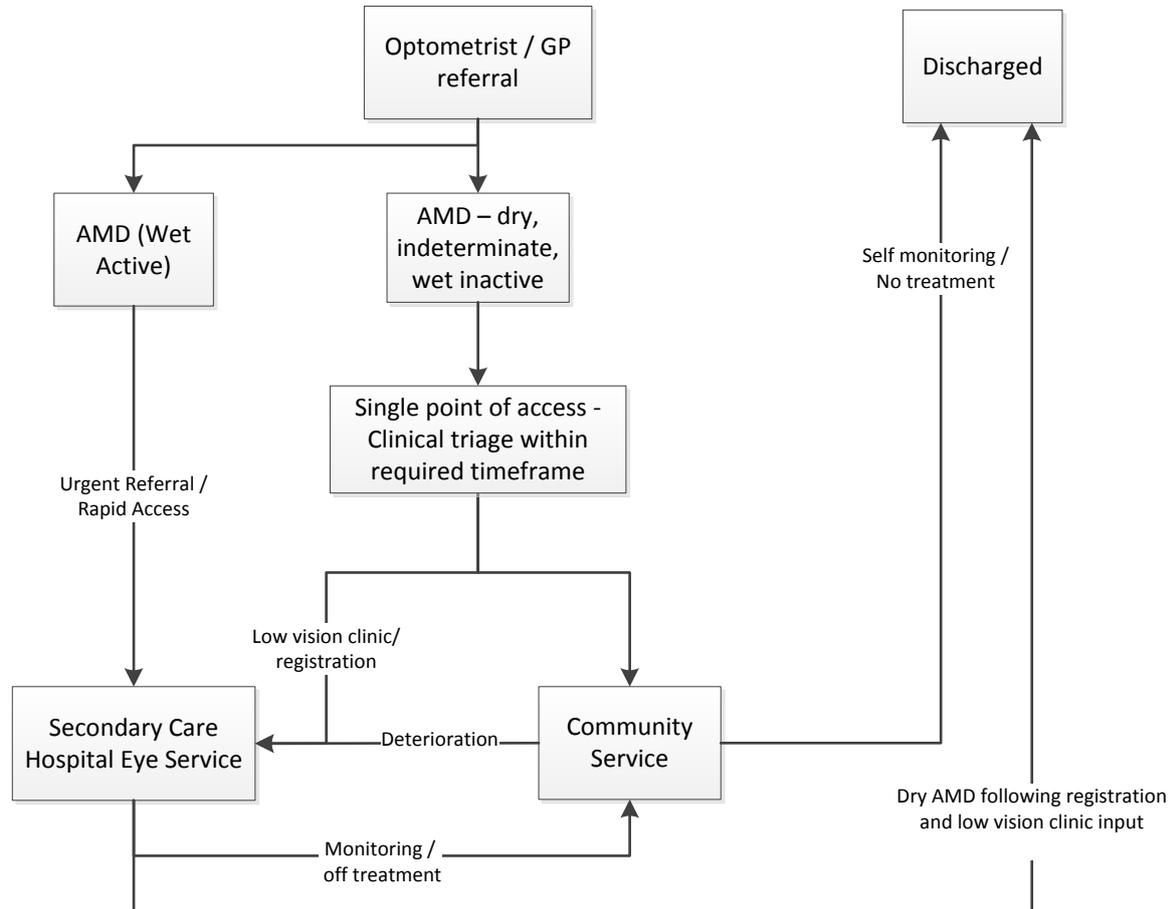


Final pathway to be agreed between Commissioner and Provider during mobilisation

AMD:

Wet AMD will be referred directly to secondary care via the current rapid access pathway

Service users will be referred into the community service by their local Optometrist / GP to have first line diagnostics, which are then reviewed by a consultant. An accurate evaluation can then be made and the service user risk stratified accordingly, either, discharged back to their GP / Optometrist, followed up in the community service or referred on to secondary care. Indicative pathway below:



Final pathway to be agreed between Commissioner and Provider during mobilisation

Urgent Pathways:

These will be developed locally between Commissioner, Provider and Secondary care Provider during the mobilisation of the community service.

Service Specifics

3.2.2 Service Access, Hours of Opening & Venues

- The service will operate core service hours between 08:30 and 17:00 Monday to Friday, whilst also providing limited evening and weekend clinics to meet the needs of service users. This should be reviewed on an ongoing basis.
- The service will be delivered from one or more locations within the Milton Keynes boundary, with consideration given to how accessible the service is to patients from all areas within Milton Keynes.
- The venue(s) will have suitable rooms and equipment to facilitate a safe clinical environment and provide the necessary diagnostics and treatment set out in this specification
- Service delivery sites must be easily accessible via public transport i.e. on a bus route (bus stop nearby) and with parking nearby, and also parking for blue badge holders.
- There should be step free access to all locations where the service is provided with enough space for a wheelchair user to manoeuvre around the premises, and also with an accessible toilet.
- The service Provider must comply with all CQC fundamental standards, including those related to premises and equipment for all the sites that the service is provided at. <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>
- The Provider shall offer access to appropriate translation services for all patients speaking little or no English.
- The Provider should ensure that standard signs that are clear and easy to read, that have sufficient colour contrast and use and appropriate typeface and type size are used for the safety of visually impaired patients. Audio information should be provided in lifts and there should be optimum lighting levels in all areas at all times of the day.
- Good signage and appropriate way finding guidance should be provided to avoid any slips, trips and falls.

3.2.3 Referral

- The service will act as a single point of access for Ophthalmology referrals in MK (excluding Cancer 2WW, health visitor and school nurse referrals which are sent directly to secondary care).
- All paediatric referrals received by the service will be triaged directly to secondary care.
- Referrals will be accepted via NHS.net email, and SystemOne
- Referral into the service will be accepted from an accredited healthcare professional (e.g. GP/Optomtrist).
- The system / processes used to manage referrals will be agreed between the Provider and Commissioner during mobilisation.
- A clinical operational protocol must be agreed between the service Provider and all local optical practices and secondary care Provider(s) to agree direct referral and discharge processes, to facilitate a seamless service user journey. MKCCG expects the Provider to have in place the necessary partnership agreement / protocols / systems within 6 months of the contract starting.

3.2.4 Clinical Triage

- The Provider will need to ensure that there is a centralised point of triage
- The service will clinically triage all referrals made to the service to ensure that they are appropriate and in line with agreed pathways.
- All urgent referrals will be triaged within 24 hours of receipt
- All routine referrals will be triaged within 48 hours of receipt
- Referrals will be triaged by a senior/experienced clinician, preferably a consultant.
- Referrals triaged as “urgent” will be seen within 48 hours and “routine” within 4 weeks.

- Inappropriate referrals will be returned to the referring clinician with an explanation as to why the referral is considered inappropriate. This will be done on the same day that the referral is triaged.
- Where effective triage is not possible from the information contained in a referral document the service will put the referral on hold whilst additional information is requested from the referring clinician.
- Where a referral is needed to be made to another specialty the referral will be sent back to the referring clinician for onward referral. This will be done on the same day that the referral is triaged.
- If a referral is received for a presentation that can be managed effectively and safely by the referring GP/Optomtrist it will be discussed with the referring clinician and returned to them with a management plan.
- Where the presenting complaint cannot be managed by the service, or where there is high probability that the patient will require referral to secondary care, the service user will be directly referred onwards to secondary care without being seen by the service.
- Where the presenting complaint falls under the MKCCG Procedures of Low Clinical Value Policy (POLCV) for ophthalmology conditions the Provider will be expected to adhere to such policy.
 - If the referring clinician feels that the patient does not require any further treatment apart from surgery and this surgery is covered by a prior approval process then it is the referring clinician responsibility to first request prior approval and attach this to the referral to the community ophthalmology service. The service will check the referral and approval form and if the service does not feel it can offer any further appropriate treatment they will send the referral straight to secondary care within 5 working days.
 - If the patient will benefit from treatment within the community service then the referring clinician should make the referral without requesting prior approval and the service will triage and manage the patient as appropriate and if the service feels surgery is needed then the service will be responsible for requesting prior approval and attaching the approval form to the referral before sending onward to secondary care.

3.2.5 Assessment, Diagnostics, Treatment, Follow Up and Failsafe prioritisation

Clinical Assessment

Those service users, suitable for the community service will be offered an appointment type, suitable for them, based on the clinical triage outcome.

This maybe either a virtual style clinic, one stop clinic, and non-face to face / telephone. These clinics will be overseen by a consultant but service users may be seen by a GPwSI, optometrist, ophthalmic practitioner or orthoptist when attending the clinic.

Clinical assessment may include:

- Appropriate diagnostic tests
- Patient counselling
- Preoperative health assessment
- Treatments and therapies
- Re-assessment following treatment
- Self management

Diagnostics

The term “diagnostics” refers to any investigative tests carried out to aid or support the diagnosis and extent of the patient’s condition. All first line diagnostics must be delivered in

the community setting and will be included within the service cost. First line diagnostics in this service can be carried out at the time of the clinical assessment (one stop clinic) or via a separate appointment or virtual review clinic.

First Line Diagnostics (not an exhaustive list):

- Slit lamp
- Visual Fields
- Autorefraction
- Goldmann Applanation Tonometry
- Fundoscopy
- Ophthalmoscopy
- OCT
- HRT
- Pachymetry
- Gonioscopy / Van Herricks

Treatment

Treatment will consist of a variety of therapies and minor surgical interventions.

There must be an evidence base for all treatments offered within the service and this must be in line with local policy.

The Provider will make available a full range of self-help and information for patients, including patient counselling where appropriate.

They Provider shall ensure that patient information about any procedures and recovery process, including information on aftercare and how they can access services out of hours.

Treatments undertaken within the service will be delivered via a 'One Stop' approach, with no follow up appointment unless this is clinically indicated; however, it is recognised that patients with long-term ophthalmic conditions such as stable glaucoma will require routine follow up appointments.

Any complications directly linked to the episode of treatment must be dealt with by the service Provider.

Some choice of treatments provided by the service will entail the use of several different types of eye drop or ointment; this must be in line with the local MK formulary (<https://www.formularymk.nhs.uk>) and the NHS England Guidance promoting self-care where the patient can purchase items over the counter at a community pharmacy.

The Provider will be expected to gain patient consent prior to undertaking treatment.

Patient Follow up / Failsafe prioritisation

The Provider will ensure there are agreed failsafe prioritisation processes between all relevant administrative, managerial and clinical staff, ensuring everyone is aware of their own responsibilities.

The Provider should have a nominated failsafe officer with a clear line of accountability to the senior clinical lead.

The Provider will ensure that individual risk and intended date of follow up is recorded for each patient.

The Provider will ensure patients are aware of their intended date for follow up and the

importance of attending.

The Provider will ensure clinical input is sought when rescheduling appointments, to ensure that the clinical risk and target date for follow up for the individual are considered.

Follow ups should be run as stratified clinics - appointment type modality / clinic type should be based on clinical diagnosis and risk of avoidable harm, wherever possible.

3.2.6 Onward Referral, DNA, Discharge and Communications

Onward Referral

The service will be required to support onward referral to secondary care;

- Directly, without being seen, where the condition or presenting symptoms/complaint cannot be managed by the community service, or where there is a high probability that the patient will need to be referred to secondary care.
- After a consultation, if it is found that:
 - Investigations or interventions are not available to them within the service
 - Where cancer is suspected or diagnosed

Where there is a need for onward referral to secondary care, the service is responsible for this.

Onward referrals (other than those for emergency treatment) must be supported by clinical management information including appropriate records and outcomes of diagnostic tests. Onward referrals for routine care shall be made via NHS e-RS system and choice of Provider shall be offered. It will be the responsibility of the Provider to have a choice discussion with the patient.

Direct referral from the Community Ophthalmology Service to secondary care will be possible for wet AMD, emergency treatment and 2WW where required following an appointment.

DNA's / Cancellations

The Provider will ensure there are robust mechanisms in place for managing DNAs and cancellations. If patients repeatedly do not attend (DNA) or cancel, they should not be continually rebooked without contact with the patient and the patients' GP/referring clinician.

The notes of all patients who DNA, who cancel or who are cancelled or postponed, should be reviewed by a senior clinician and a further appointment organised, or decision to discharge made, based on individual circumstances.

The patient (and carer) should be written to about this decision as well as the referring clinician and/or GP.

The Provider should utilise reminder text / calls for all appointments a few days beforehand to minimise DNAs and optimise the use of clinic time.

Discharge from Service

All patient discharges should be planned and discussed with the patient (and carer).

A discharge letter should be sent within 1 week of discharge to the referring clinician, along with a copy given to the patient where appropriate and a copy sent to the service users

registered GP, where the GP is not the referring clinician.

Referrer Communications

The Provider will inform the referring clinician by letter within 5 working days, when the patient is first seen, initial diagnosis, medication stopped / started or treatment plan altered and when the patient is discharged from the service or referred on to another service. A copy will also be sent to the service users GP, where the GP is not the referring clinician.

A copy of these letters should normally be given to the patients as they progress through the service where appropriate.

All letters to the referring clinician should be sent electronically where possible.

The Provider will use a standard discharge letter pro forma when discharging the service user back to the referring clinician/GP. This should include concise information on diagnosis, any treatment given, future management and any further actions required by the GP / referring clinician, including detail of any medicines to prescribe. This pro forma will be developed in conjunction with the Commissioner and feedback from local referring clinicians.

3.2.7 Prescribing / Medicines Management

The Provider will issue prescriptions for immediately necessary treatment, making their own arrangements for supply by FP10 or PGDs as appropriate. Medication issued under PGD must fulfil all the legal requirements of a dispensed medicine and the PGDs will be developed and authorised by the Provider.

When medication is less urgent (to start after day 5), the Provider may ask the service users registered GP to prescribe.

All prescribing must be in line with the Milton Keynes Joint Trusts Formulary and take into account the NHS England Guidance promoting self-care where the patient would be asked to purchase items over the counter at a community pharmacy.

The service will make its own arrangements to purchase eye drops for diagnostics and other consumable items as may be required to treat patients during an appointment. These must be stored in line with good pharmaceutical practice.

3.2.8 Workforce & Equipment

Workforce

The Provider will be required to provide sufficient qualified and appropriately trained staff to ensure that all components of the service are provided in accordance with the service specification. In particular, there will be a requirement to ensure service levels are maintained during staff holidays or absences due to sickness, training or other absence.

The clinical staff will have appropriate administrative support in order to effectively and efficiently discharge their duties within the Service. The Provider will remain responsible for quality assuring all clinical staff involved in the delivery of the service.

The Provider will ensure that the service is delivered by a range of appropriately trained and accredited clinicians that may include (this list is not exhaustive); GPwSI's, Optometrists, Orthoptists, Ophthalmology Staff Grade Doctors, Ophthalmology Consultants.

GPwSI's and Optometrists delivering care within the service will be required to have

undertaken the necessary training / accreditation for specific clinic types. E.g. Optometrist will require WOPEC accreditation for Cataract Enhanced Assessment / Glaucoma if supporting delivery of these clinic types.

The Provider shall ensure that all staff attend updates and training sessions as needed to maintain their competencies and continue professional development.

Equipment

The Provider will:

- provide and manage its own equipment.
- ensure the provision of the necessary equipment to deliver the diagnostic and treatment requirements as set out in this service specification
- arrange for the provision of substitute equipment to ensure continuity of the Service where necessary.
- ensure equipment complies with statutory requirements, including health and safety standards, and appropriate British standards concerning the inspection, testing, maintenance and repair of said equipment.
- Maintain records open to inspection by MKCCG of the maintenance, testing and certification of the equipment.
- Train and regularly update staff in the safe and compliant use of all equipment used to provide the service.

3.2.9 Reporting and Monitoring requirements

The Provider will collect the necessary datasets for submission to national audits and local reporting requirements.

All KPIs / reporting requirements will be in the reporting schedule of the Providers contract.

The Provider will need to collect service user feedback via a satisfaction questionnaire as a means of collecting useful feedback from service users, and to use this information for continuous development of the service.

3.3 Population covered

This service is for patients aged 16 years and over who are registered with a GP within MKCCG or those who meet the criteria for access to services under responsible Commissioner guidelines such as travelling families. **(the clinical triage element of the service will include patients under 16 years of age, however, they will be triaged directly to secondary care)**

The service will offer an equitable and patient centred service responsive to the patient's needs at any stage of their Ophthalmology condition.

The Provider will in particular identify the needs of vulnerable (including patients with mental health needs, learning disabilities and dementia), hard to reach and ethnic minority groups of patients who are known to have poorer access and health outcomes. For example those people:

- Who have a learning disability or mental health problems
- Who have a visual or auditory impairment
- Are from a low socio economic background
- For whom English is not their preferred/primary language

Figure 1: GP Practices in MKCCG



Acceptance and exclusion criteria and thresholds

Access criteria

Any resident of MKCCG aged 16 and over registered with an MK GP practice **(the clinical triage element of the service will include residents under 16 years of age, however, they will be triaged directly to secondary care)**

Exclusion criteria

The following list is not exhaustive and it is expected that a final criteria list will be agreed between the Provider and Commissioner during mobilisation phase.

- Patients under the age of 16 (does not apply to single point of access / clinical triage)
- 2 week cancer waits
- Suspected cancer
- Wet AMD requiring treatment
- Treatment that should be provided under an APMS contract (details of which will be shared with the Provider).
- Patients who are not registered with an MK GP
- Referrals for diabetic retinal screening
- History of complex ocular pathology
- Any condition requiring a daycase / admitted procedure
- Any condition deemed “high risk” / rare and complex conditions which need multidisciplinary highly subspecialist care
- Any condition not responding to treatment
- Chronic longstanding conditions
- Dry AMD registration counselling and low vision clinic
- Glaucoma with complexities / requiring surgery
- Longstanding squint requiring correction
- Longstanding diplopia
- Retinitis Pigmentosa
- Same day Emergency / Urgent Care (Bleep Conditions):
 - Acute Glaucoma - symptomatic patients with IOP>30
 - Chemical burns / Tobacco dust
 - Iris Prolapse
 - Non-diabetic with vitreous haemorrhage and CF vision
 - Painful recent Post-op eye/hypopyon/post-operative eye complications
 - Penetrating Injuries / hyphaema
 - Possible / symptoms of Giant Cell / Temporal Arteritis

It is accepted that at triage these conditions may exist and onward referral is expected.

Procedures of Limited Clinical Value (POLCV):

MK CCG is keen to ensure that services for local people offer the best care possible, in the most appropriate place, at the right time. It is also our responsibility to prioritise services for those most at need and ensure that we make the best use of every public penny we spend.

The CCGs policy on Procedures of Limited Clinical Value sets out the list of procedures and treatments which are either not routinely funded due to weak or little clinical evidence or have a set of qualifying criteria before the procedure or treatment is deemed clinically effective.

The latest policy can be found on MK CCG's website - <http://www.miltonkeynesccg.nhs.uk/procedures-of-limited-clinical-value/>. It is the responsibility of the Provider to ensure it is up to date with and remains compliant with the policy. The Provider is responsible for ensuring the treatments it delivers are in line with these policies.

3.5 Interdependence with other services/Providers

The Community Ophthalmology Service will work in collaboration with a variety of partner organisations:

- GP practices within Milton Keynes
- Local Diabetic Eye Screening Service
- Secondary Care Providers
- Local Optical Practices
- Voluntary sectors
- Milton Keynes Council Adult Social Care/Community Alarm service
- Public Health Stop Smoking Service
- Milton Keynes Referral Management Service

This is only an indicative list of other service Providers is not exhaustive and may change / develop over the lifetime of the contract and the Provider will be required to recognise and collaborate appropriately.

For a number of conditions such as Glaucoma, Cataracts, and AMD, the Provider will be required to work in collaboration with secondary care Providers to deliver the agreed local pathways to provide a seamless transfer between services and prevent duplication so that the patient does not experience unnecessary delays or repeated investigations.

A clinical operational protocol must be agreed between the service Provider and secondary care Provider(s) to agree direct referral and discharge processes between the services to facilitate a seamless service user journey. MKCCG expects the Provider to have in place the necessary partnership agreement / protocols / systems with secondary care Providers within 6 months of contract.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- NICE CG 81: Glaucoma Diagnosis and Management
- NICE NG 77: Cataracts in adults; management
- NICE NG 82: Age-Related Macular Degeneration

- Nice Glaucoma Quality Standard (QS7): Glaucoma in Adults
- System and Assurance Framework for Eye-health (SAFE) guidance for Cataract, AMD and Glaucoma

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- Royal College of Ophthalmology Commissioning guidelines (AMD, Cataract & Glaucoma)
- Royal College of Ophthalmology Community Ophthalmology Framework
- Royal College of Ophthalmology Commissioning Standards

These can be found here: <https://www.rcophth.ac.uk/standards-publications-research/commissioning-in-ophthalmology/>

4.3 Applicable local standards

- Milton Keynes Health and Well Being Strategy , 2018-2028 <https://www.milton-keynes.gov.uk/assets/attach/48742/Health%20Wellbeing%20Strategy.pdf>
- Milton Keynes System Delivery Plan 18/19 http://www.miltonkeynesccg.nhs.uk/modules/downloads/download.php?file_name=2066

Safeguarding

The Provider shall adhere to the Milton Keynes Safeguarding Children and the Safeguarding Adults Board Inter-Agency Policy and Procedures to Safeguard and Promote the Welfare of Children and Adults and the NHS Milton Keynes and Northamptonshire Safeguarding Children/Adult Policies. These policies and procedures shall be available to all staff and the Provider is required to give assurance to the Commissioners on compliance with their safeguarding requirements and any jointly agreed local policies.

Clinical Leadership and Governance

Effective local clinical leadership is essential to deliver a Community Ophthalmology Service with appropriate clinical governance and clinical accountability arrangements. The Clinical Lead should be a consultant ophthalmologist.

Responsibility for clinical governance is held by the Provider who shall work within a clinical governance framework for the services delivered which is in line with those adopted elsewhere in the NHS.

The clinical governance framework shall include:

- Clear and documented lines of responsibility and accountability for quality of care
- Specific programmes of quality improvement
- Clear policies for managing risks
- A system for reporting, monitoring and taking action on significant events
- A programme of clinical audit
- A process for dealing effectively with complaints
- Research and development processes in place
- Evidence based guidelines on clinical procedures
- Standards are in place for record keeping, data protection and confidentiality

The Provider shall also ensure that the following standards and best practice guidance are met:

- The Provider shall ensure that each professional within the service shall be registered with the appropriate professional body, shall meet required professional standards and shall work in accordance with the standards set down by the relevant professional associations and Royal Colleges.
- Each professional shall have a satisfactory Disclosure and Barring Service check, updated yearly.
- Practice shall be evidence based in so far as there is a sufficient body of evidence available and relevant to the presenting problems, and shall take account of guidance on best practice where this is available and authoritative, as for example NICE.
- The Provider shall maintain a record of any serious incidents, complaints and compliments received.

Information Management and Technology (IM&T)

The Provider will need to have the following in place to provide the IMT elements of the service:

- Data Security and Protection Toolkit (DSPT – previously called IG Toolkit). Further information can be found here: <https://www.dsptoolkit.nhs.uk/>
- Access to the Health & Social Care Network (HSCN - previously called N3)
- Organisational Data Services (ODS) code set-up to identify the location the service is based from and to allow e-RS set-up
- Registration Authority (RA) access to set-up and manage use of smartcards
- Patient Administration System (PAS)
- electronic Referral Service (e-RS)
- NHS.net email
- Support Level Agreement (SLA) to support IMT systems used by the service including access, security, reporting and data management.

Patient Administration System (PAS):

The service should aim to employ a PAS system that enables a full and accurate clinical record for each patient seen within the service and can record diagnosis, risk, priority status and intended date for follow up, to support the required failsafe processes.

The Provider should ensure that the PAS system is compatible with and can interface to/communicate with the local GP Primary Care System (SystemOne), the local Hospital Eye Service (HES) System (e-CARE) and the national electronic referral system called electronic Referral Service (e-RS).

Where possible, the service should also be able to provide MI reports and datasets using extracts generated by the system and allow electronic discharge back to the referrer via the system or via NHS.net email.

electronic Referral Service (e-RS):

The service will need to use e-RS to receive, triage and manage referrals into the service from primary care and refer patients onto secondary care. Further guidance on the use of e-RS can be found here:



nhs-e-referral--a4-1
.pdf

Where the referrer does not have access to e-RS, NHS.net email should be used to send the referral to the service. Any onward referrals received via NHS.net email will need to be

made on e-RS to secondary care

Primary / Secondary Care Engagement

The Provider must establish links with primary and secondary care Providers and where appropriate have a collaborative approach to delivery. The Provider will develop sustainable services and work with all Providers to manage demand through on-going up skilling and education and implementing referral pathways.

The engagement and satisfaction of GPs, Optometrists and Secondary Care Ophthalmologists will be vital to the success of the service and therefore the Provider will need to engage effectively with them to manage their patients appropriately.

The new service will be approachable for local GPs and Optometrists, who will be able to ask for advice and guidance via the phone or email before referring a Service User. The Provider will offer contact details of suitable clinical staff to facilitate this.

It is the responsibility of the Provider to ensure they deliver education and training for referrers and collaborate with both primary and secondary care Providers to deliver shared learning, development and training events, with at least one of each session per annum.

Sustainability

The Provider will make a positive impact on the environmental sustainability of the services, including but not limited to reducing utility and water consumption, waste landfilling and pollution; and proactively promoting the sustainable travel including minimisation where possible.

Accessible Information

The Providers must adhere to the NHS England (2015) Accessible Information Specification.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (see Schedule 4A-D)

Outcomes and KPI's

Provider will be required to comply with all National Quality Requirements set out in schedule 4 of the NHS Standard Contract. The Provider will be required to sign up to all terms and conditions of the NHS Standard Contract including operational and national performance indicators, and accept all revisions made to this nationally.

6. Location of Provider Premises

The Provider's Premises are located at:

The Provider will have choice over the location of service delivery, however, consideration must be given to how patients will access the service from all areas within Milton Keynes.

The final location(s) will be agreed between the Provider and Commissioner. The Provider will have a minimum of one location to be fully operational to provide all the required clinical services from, and this must be in Milton Keynes and meet all other requirements detailed in this specification, not limited to those detailed in section "3.2.2 Service Access, Hours of Opening & Venues".