# SCHEDULE 2 – THE SERVICES

1. **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.*

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| **Service Specification No.** | N/a |
| **Service** | HMP General Ophthalmic Service |
| **Contractor Lead** | Leona Rogers, Service Manager, Birmingham Community Healthcare NHS Foundation Trust |
| **Sub-Contractor Lead** | Bob Soma, Director, Eye Care Mobile Opticians Ltd |
| **Period** | 01 April 2025 to 31 October 2029 |
| **Date of Review** | 11/08/2025 |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   The Health and Social Care Act 2012 created a new set of responsibilities for the commissioning of healthcare services in England. In respect of commissioning healthcare services for prisoners (adults and young offenders) and those detained in secure settings and other prescribed accommodation, the commissioning responsibilities lie within NHS England and NHS Improvement (Health and Justice).  There are significant challenges in commissioning services across these settings, involving a complex process of working across pathways and at times conflicting priorities in respect of secure arrangements. It is important that, where possible, these priorities accommodate a shared understanding of opportunities for quality and value and a shared approach to the management of provider performance. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**  **Health and Justice Outcomes**   * Contributing to the population’s improved health through the effective detection and management of sight problems and eye disease. * Service delivery is grounded in the principles of clinical governance. * Patients are referred promptly to secondary care services where clinically indicated. * Services as delivered as part of an integrated healthcare service as set out within the full range of service specifications within this contract. * Delivery of services is in accordance with good practice and is regularly audited. * Service delivery is equitable to the community. * Patients receive timely, efficient services which enhance their health and wellbeing. * Robust continuity of care arrangements are in place to support patients on release or transfer to another establishment. * Patient views and feedback are regularly obtained, and their comments reflected in continuous service improvement.   **2.2 Local defined outcomes**  See KPIs as applicable in contract |
| **3. Scope** |
| **3.1 Aims and objectives of service**  To optimise prisoner vision and minimise avoidable visual disability, mortality and other morbidity by providing high quality care that meets the needs of adults with ophthalmic problems. To ensure that adults have their ophthalmic and general healthcare, education and social care plans coordinated. To ensure prisoner are treated in line with national guidelines and agree local pathways.  The Healthcare Provider will deliver:   * Eye assessment to include the assessment of ocular health, to include glaucoma testing. * Detection and diagnosis of ocular disease. * Checking for signs and symptoms of general health conditions (e.g. diabetes). * Prescription, supply and fitting of NHS spectacles, including minor adjustments and repairs. * Providing advice as appropriate. * Referral to medical practitioners if necessary. * Diabetic retinopathy screening. This may either be delivered directly by the Healthcare Provider if they have the appropriate training and equipment or through arrangements with a community Healthcare Provider.   The Healthcare Provider will be required to ensure that the prison clinical IT system is used for prescribing on-site, that the prison formulary and other medicines related polices are adopted and used. Clinicians are permitted to use their discretion in prescribing (or requesting that the GP prescribe), however it is expected that the majority of prescribing (75%) adheres to the prison formulary in support of both patient safety and prison security. It is also expected that clinicians will agree prescribing responsibilities between themselves and the GP services within the prison to ensure safe and continuous access to medicines that reflect local, regional or national policy.  **3.2 Service description/care pathway**  The service will deliver the aim to optimise vision and prevent avoidable visual disability of ophthalmic (eye and vision) disorders by:   * Making timely and accurate diagnoses * Timely investigation and management * Providing high quality proactive treatment and care * Support prisoners with poor vision * Support prisoners with long term conditions * Support prisoners to manage their condition independently * Provide advice, when appropriate, on Letter of Vision Impairment (LVI)   All prisoners are entitled to the full range of NHS services and will be scheduled for an urgent appointment as follows:   * The prisoners have glasses that are missing. * The prisoners have unexplained headaches, following assessment by a Doctor. * The prisoners have a family history of glaucoma. * The prisoners have been diagnosed as diabetic. * Following urgent referral from the prison Doctor.   **3.3 Population covered**  The services described in this specification must be available to all prisoners within  HMP Birmingham.  **3.4 Access Requirements**   * Urgent referrals are to be seen within seven days of referral. * Routine referrals should be seen within six weeks of application/referral. Urgent cases must be accommodated alongside routine cases but should not elongate the waiting lists or move clients down the waiting lists. * The Healthcare Provider will ensure that appointment lengths are tailored to meet the clinical needs of the patient, however appointments are expected to be at least 25 minutes in duration, unless an auto refractor is used, in which case the appointment time is expected to be 15 minutes duration. Additionally, time for spectacle dispending and fitting by an appropriate individual must be factored into the service model.   **3.5 Any acceptance and exclusion criteria and thresholds**  All prisoners are entitled to the full range of NHS services and will be scheduled for an urgent appointment as follows:   * The prisoners have glasses that are missing. * The prisoners have unexplained headaches, following assessment by a Doctor. * The prisoners have a family history of glaucoma. * The prisoners have been diagnosed as diabetic. * Following urgent referral from the prison Doctor.   **3.6 Exclusion Criteria**  Different frames, varifocals, tinted (unless clinically necessary) or photochromic lenses, contact lens and low vision aids are outside of the scope of this agreement. Patients will be expected to pay themselves for any upgrades to the basic spectacles offered. Tinted lenses must not be issued other than in exceptional circumstances where it is considered to be clinically necessary. If tints have been provided the nature of the clinical reasons must be documented in the patients notes and a supporting statement provided.   * Two pairs of spectacles: No patient is automatically entitled to a spare pair of glasses of the same prescription. Exceptionally, it may be clinically necessary to provide a prescription for a spare pair. Each case will be judged on its merits by the Optician. It must be made clear to patients and/or their guardians that this is not an automatic entitlement each time a new prescription is issued. * Patients who routinely lose or damage their glasses must be advised that no more than two pairs of glasses will be provided free of charge within a rolling six-month period, unless it is clear that the damage/lose is not the responsibility of the patient. Any additional glasses required must be funded by the patient. * Low/small prescriptions: It is not expected that patients who are virtually emmetropic, with good unaided vision and no distinctive symptoms, will be prescribed spectacles without clear evidence for their need, as recorded in the clinical notes. Should there be any exceptional circumstances this must be clearly disclosed in supporting documentation. * If a patient wishes to obtain private optometric treatment this can only be achieved if there is agreement between the Provider, Commissioner and Prison Operator. Any private work must occur outside of the agreed sessions and the patient must bear all costs for treatment, including security procedures to be implemented. * Specialist ophthalmic treatment and ophthalmic surgery. * Treatment of staff and visitors. * Emergency ophthalmic treatment will be provided through referral of the patient to the nearest Accident and Emergency Department.   **3.7 Workforce Requirements**  It is a requirement that the Optometrist and any staff provided by the Healthcare Provider in delivery of this service:   * Have appropriate professional registration (General Optical Council), are a member of an appropriate professional body and operate within their professional body’s standards, regulations and codes of conduct; * Have appropriate indemnity insurance; * Have worked within community setting within the last two years; * Are on an NHS England Performer List where this is a statutory requirement. If the Optometrist is not already on a Performer list, they will need to submit an application. |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)**  The Provider will ensure that the service is provided in accordance with:   * General Ophthalmic Service Review. * NSF and NICE guidance. * NHS standards of quality, access and effectiveness and comply with the core Clinical Quality Commission requirements.   **4.2 Applicable local standards**  The Provider will ensure that the service is provided in accordance with:   * Appropriate Statutory Rules and Prison Service Standing Orders as set down by the Prison Service. * The Healthcare Provider will provide a high quality primary optometric service that provides equity with community services as much as possible within the constraints of a custodial environment and is based on the services within the National General Ophthalmic Service (GOS) contract. * The Healthcare Provider will ensure that strong links are developed and maintained with the community service models in order to ensure consistency, comparative and quality care are maintained and updated in line with local and national priorities/strategies. * The Healthcare Provider will work with the Commissioner and the Prison Operator to support a reduction in the number of unnecessary patient transfers to hospital. This is to be achieved by ensuring that all patients that can be appropriately and safely treated within the prison are done so. |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4A-C)**   As per the Health and Justice Quality Schedule.  ~~•~~ |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:**  HMP Birmingham  Healthcare Building  Winson Green Road  Birmingham  B18 4AS |
| **7. Individual Service User Placement** |
| An appropriate number of sessions must be delivered to meet the needs of the population and to provide suitable access to prisoners, equivalent to that within the community. Hours of operation will be Wednesday Morning weekly and a VIP Clinic once a month on a Thursday (dates TBC) from 08:30 -12:00.  Each session will include administration time and will last 3.5 hours. |