

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Intraocular Pressures (IOP) Repeat Readings Service
Commissioner Lead	Mark Curran
Provider Lead	TBC
Period	1 st September 2017 – 31 st August 2020
Date of Review	January 2020

1. Population Needs
<p>1.1 National/local context and evidence base</p> <p>The IOP Repeat Readings Service supports the national and local strategic priorities of providing care closer to home by moving appropriate work from secondary to primary care settings and providing patient choice. It also supports the CCG by reducing demand on secondary care, reducing costs and introducing innovative practice.</p> <p>The national key drivers include:</p> <ul style="list-style-type: none"> - NHS Standard Contract 2016-17 (March) - Delivering the Forward View: NHS Shared Planning Guidance 2016/17-2020/21 (December 2015) - HM Treasury Spending Review and Autumn Statement (November 2015) - Clinical Council for Eye Health Commissioning Community Ophthalmology Framework (July 2015) - NHS Annual Report 2014-15 (July 2015) - NHS Commissioning for Quality and Innovation (CQUIN) Guidance for 2015-16 (March 2015) - NHS Serious Incident Framework (March 2015) - NHS Standard Contract 2015-16 (March 2015) - NHS England Business Plan (March 2015) - National Information Board Personalised Health and Care 2020 (November 2014) - NHS Five Year Forward View (October 2014) - NHS Outcomes Framework 2015-2016 (December 2014) - NHS Constitution (March 2013) - Safeguarding Vulnerable People in the Reformed NHS (March 2013) - The Information Governance Review (March 2013) - Commissioning Better Care: Urgent Care (February 2013) - NHS (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 - Everyone Counts: Planning for Patients 2014/14 (December 2012) - Securing excellence in commissioning primary care (June 2012) - Health and Social Care Act (2012) - Equity and Excellence: liberating the NHS (2010) - Right Care: Increasing Value – Improving Quality (June 2010) - NHS 2010-15; from good to great (January 2010) - Quality Innovation Productivity & Prevention (QIPP) agenda - Implement care closer to home; convenient quality care for patients (April 2007) - The UK Vision Strategy

2. Outcomes
2.1 NHS Outcomes Framework Domains and Indicators

Domain 1	Preventing people from dying prematurely	
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	✓

2.2 Locally Defined Outcomes

- Care Closer to Home in a more convenient setting
- Reduction in unnecessary referrals to glaucoma clinics releasing capacity in secondary care
- More cost effective care
- Retention of patients in primary care where possible

3. Scope

3.1 Aims and Objectives of Service

The aim of an Intraocular pressure repeat readings service is to reduce unnecessary referrals to secondary care, reducing patient anxiety and increasing capacity within the overburdened hospital glaucoma clinics. This will provide a more cost-effective service with a greater number of patients managed within the primary care setting.

3.2 Service Description/Care Pathway

This service will provide assessment and management of *patients* who following a GOS or private sight test are found to have IOP > 21mmHg

3.3 Population Covered

The service is available to patients registered with a Dudley CCG GP.

3.4 Any Acceptance Criteria and Thresholds

3.4.1 Referral Criteria

The patient will be seen under this service following a GOS sight test at the same practice.

3.4.2 Domiciliary Patients

In order to qualify for a domiciliary GOS sight test, the patient must fall into one of the NHS eligibility categories and be unable to leave home unaccompanied. Generally the assessment will be carried out in their home and at the same time where possible and the self-assessment health questionnaire will be issued. The pathway then follows the normal pathway but in the patient's home.

3.4.3 Any acceptance and exclusion criteria and thresholds

Acceptance Criteria

- IOP > 21mmHg as measured at the sight test, and no other signs of glaucoma are present. Where NCT is used College guidance on technique must be followed (4 readings).

Exclusion Criteria

- Patients not registered with a CCG detailed in the 'Population Covered' section
- Children under the age of 16 will be excluded.
- Patient with significant other ocular pathology requiring specialist referral.
- Patients presenting with evidence of glaucoma that the Optometrist would normally refer to HES; that is elevated IOP and/or optic disc changes and/or visual field defect. The aim of the scheme is to refine IOP measurement only. Referral to the hospital eye services by the usual pathway should be made if suspicious optic disc changes or visual field defects are observed.
- Patients who would not normally have their IOP tested as part of the standard eye test unless clinically appropriate
- Patients already under the care of an ophthalmologist for glaucoma, OHT or suspected glaucoma.
- Patients that have had a GOS sight test done elsewhere

3.5 Interdependences With Other Services/Providers

- Secondary care
- Primary care/General Practitioners
- Pharmacists

3.6 Referral Route

As outlined in section 3.4

Pathway (Appendix 1)

3.6.1 Level 1a (Part 1)

Patients who are identified as having IOP > 21 mmHg and no other signs of glaucoma during a private or NHS sight test will have slit lamp GAT or Perkins tonometry by the *ophthalmic practitioner*

There are four possible outcomes from this first repeat of pressures

1. All patients with IOP > 31mmHg should be referred for OHT diagnosis without further IOP refinement.
2. Other patients with a pressure of 22-31mmHg need to proceed to Part 2 (2nd repeat pressure)
3. Pressures which differ between the eyes by 5 mmHg or more should proceed to Part 2 (2nd repeat pressure).
4. All other IOP results are within normal limits and the patient can be discharged.

At risk groups should be monitored at appropriate intervals.

3.6.2 Level 1a (Part 2)

Patient attends for repeat Goldmann or Perkins applanation tonometry on a separate occasion.

There are four possible outcomes from repeating this test:

1. Patients who need to be referred for OHT diagnosis based on confirmed IOP result:

Age Group	< 65 years	65 – 79 years	80 years +
Pressure	> 21 mmHg	> 24 mmHg	> 25 mmHg

2. Patients who can be referred directly to the OHT monitoring service assuming there is a service in place
3. Where repeat applanation measurements show a consistent difference in pressure of 5 mmHg or more, practitioners may wish to consider whether referral may be appropriate, or whether

there is reasonable explanation (i.e. surgery to one eye).

4. The results are within normal limits and the patient can be discharged. At risk groups should be monitored at appropriate intervals.

The criteria for the inclusion of patients in level 1a are as follows:

- IOP > 21mmHg as measured at the sight test, and no other signs of glaucoma are present. Where NCT is used College guidance on technique must be followed (4 readings).

Glaucoma is a very slow developing disease and there is very little risk to the patients in delaying the repeat tests. The reason for repeating the tests on a different occasion is to ensure that factors that may have influenced the patient responses the first time round, particularly in the field test, will be different

3.6.3 Skills and Competencies

All ophthalmic practitioners must be registered with the General Optical Council (GOC). The procedures and skills required for IOP are core competency (See Appendix 3).

Ophthalmic practitioners must complete the Local Optical Committee Support Unit (LOCSU)/Wales Optometry Postgraduate Education Centre (WOPEC) Level One of the Glaucoma online distance learning programme relating to IOP and Visual Field Refinement. They will also need to be able to show that they can demonstrate the technique competently (through practical demonstrations).

3.6.4 Equipment

All practices participating in the Level 1 IOP repeat readings service will be expected to employ an accredited optometrist and to have the following equipment available:

- Access to the Internet
- Slit Lamp
- Fundus Viewing Lens
- Goldmann type slit lamp mounted tonometer or Perkins type applanation tonometer.
- Perkins
- Threshold fields equipment capable of producing a printed report
- Distance test chart
- Appropriate ophthalmic drugs
 - Mydriatic
 - Anaesthetic
 - Staining agents

3.6.5 Premises

Potential providers must ensure that the premises are Infection Control compliant and compliant with the Equality Act 2010 and must be able to demonstrate this to the CCG. Domiciliary Services are exempt from this, however should demonstrate appropriate hygiene measures. Premises should be infection control compliant and providers must use appropriate hygiene procedures including:

Hand hygiene guidelines will be followed in practices.

- Items coming into contact with a patient's eye should not be reused.
- Disposable tonometer prisms should be used when performing contact tonometry using either a
- Perkins or Goldmann tonometer.
- Alternatively, if reusable items are to be used then the College of Optometrist's Infection control guidance should be followed.
- Liquid antibacterial soap and paper towels must be available at any sink used by staff and patients - fabric towels should not be provided.
- Alcohol hand rub should be available and used between patients.
- Single-dose eye drops such as minims must only be used once and then discarded.

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3.6.6 Disposal of Clinical Waste

This is the responsibility of the provider and should meet legal requirements

3.6.7 Patient Records

All advice given to the patient, and procedures undertaken should be recorded on a patient card or electronic device, and stored in a safe retrieval system.

3.6.8 Secure NHS mail

The provider will ensure that all referrals are managed securely using fax. This is until providers are given NHS email addresses. Providers will then be expected to use their NHS.net email addresses for the secure transfer of patient information.

3.7 Response Times and Prioritization

Patients found to have elevated IOP on non-contact tonometry testing by an authorised provider are expected to have Goldman or Perkins applanation tonometry pressure refinement carried either at the same visit if possible. In cases where further Goldman or Perkins applanation tonometry is required the appropriate follow up appointments should take place within one month.

3.8 Transfer and Discharge from Care Obligations

3.9 Self-Care and Patient and Carer Information

3.10 Geographic Coverage/Boundaries

The service is available to any person registered with a Dudley CCG GP practice. It is the responsibility of the provider to confirm which practice the patient is registered with. For patients registered at a non-Dudley CCG surgery the provider should check if that CCG commissions a service and should claim from that commissioner through the appropriate mechanism where appropriate

3.11 Relevant Networks and Screening Programmes

<Text Here>

3.12 Clinical Management Guidelines

Providers must adhere to the clinical management guidelines set out in Appendix 2.

3.13 Future Service Development

The Commissioner may look to further develop this service (OHT Monitoring) and will expect Providers to work with Commissioners to do so as part of the Service Development Improvement Plan

3.14 Management of DNAs

Should a patient fail to arrive for an appointment, the provider must contact the patient within 24 working hours, informing them that they have missed their appointment, and ask them to arrange a further appointment. If this is not possible, the patients GP should be notified. A separate record of these instances should be kept for monitoring purposes.

4. Applicable Service Standards
4.1 Applicable National Standards (e.g. NICE) <ul style="list-style-type: none"> NICE Glaucoma quality standard (QS7) NICE Clinical Guideline 85 (Diagnosis and management of chronic open angle glaucoma and ocular hypertension)
4.2 Applicable Standards Set Out in Guidance and/or Issued by a Competent Body (e.g. Royal Colleges) <Text Here>
4.3 Applicable Local Standards <Text Here>

5. Applicable Quality & Information Requirements and CQUIN Goals

Please note all Quality, CQUIN Goals and Information Requirements should only be detailed in the relevant schedules of the Contract to which the Service Specification relates. This is to ensure there is no confusion between the contents of the Service Specification and the contract schedules. However, the reference numbers of specific indicators which apply to the service should be listed here to signpost the Provider to the appropriate section of the Contract.

When a new Service Specification is being drafted, you may complete the tables below with the details of any new quality or information requirements for the purpose of negotiation with the Provider. Once the Provider has approved the Service Specification, a contract variation should be raised to bring the Service Specification into the contract and any new quality or information requirements will also be varied into the appropriate schedules of the Contract at the same time. The tables below will then be replaced with the relevant indicator reference numbers.

5.1 NHS Outcomes Framework Domains and Indicators

Quality Requirement	Threshold	Method of Measurement / Frequency	Consequence of Breach
Quality			
Access			
% of repeat IOP's undertaken one month	>90%	Monthly performance report	General Conditions 9
Service User Experience			
Patient experience questionnaire completed and reported	>60%	Annual Report	General Conditions 9
% of people happy or confident with service	90%	Annual Report	General Conditions 9
Reducing Inequalities			
Patient equality monitoring completed and reported	60%	Annual Report	
Reporting			
Submission of monitoring information (section 8)	60%	Monthly Performance Report	General Conditions 9
Minimum data set to be recorded and reported.	100%	Monthly report within 10 working days of the month	General Conditions 9

Comment [SA1]:

Comment [SA2]: % of people confident with the service?

5.2 Applicable CQUIN Goals

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5.3 Applicable Information Requirements

Information Requirement	Reporting Period / Frequency	Format of Report	Timing and Method for Delivery of Report

Patient Experience

The provider will be expected to provide each patient with a simple patient experience questionnaire following each episode of care with the service. A short patient experience questionnaire will be provided by the Commissioner. The Provider will be performance monitored on questionnaire completion on a 60% response rate. The Provider will be performance monitored on overall percentage of people happy and confident with service against a target of 90%.

5.3.1 Equality Monitoring

The service provider will be required to provide assurance that services are compliant with s149 (1) of the Equality Act 2010 – the Public Sector Equality Duty – i.e. that due regard has been given to the need to:

- a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it

5.3.2 Quality and Clinical Governance

The Provider must complete the appropriate QIO for the service namely:
Participating practices: QIO for GOS contracts

In order to demonstrate appropriate standards are met for provision of the service(s), providers must hold a GOS contract with NHS England and meet the current community services level of the online England Contractor Checklist for Quality in Optometry every three years.

5.3.3 Clinical Audit

The Provider is expected to undertake regular internal clinical audit and review and to take action to implement any learning acquired during this process. Checks will be undertaken by the Commissioner on an annual basis as part of an assurance process. This may include, but will not be limited to:

- A random selection of patient records will be looked at to determine the appropriateness of referral into the Intraocular Pressures (IOP) Repeat Readings Service
- A check to ensure that clinical protocols are being adhered to
- Appropriate patient record keeping
- Review any serious untoward incidents and how these were managed
- Patient experience questionnaire

5.3.4 Safeguarding

The Provider must comply with the CCGs Safeguarding policy, complete a safeguarding dashboard and any required safeguarding audit.

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- Review any serious untoward incidents and how these were managed
- Patient experience questionnaire

5.3.9 Safeguarding

The Provider must comply with the CCGs Safeguarding policy, complete a safeguarding dashboard and any required safeguarding audit.

5.3.10 Monitoring

- Total number of patients seen for 1st GAT
- Total number of patients seen for 2nd GAT
- Total number of patients seen under IOPRR discharged as false positives
- Total number of patients referred onto secondary care

The minimum data set to be collected and submitted to DMIC (CSU) is:

- Provider Name/ Identifier

- Name
- Address
- Date of Birth
- Age
- Post Code
- Gender
- GP Name
- GP National Code
- GP Practice
- Date of First non-contact tonometry reading
- First non-contact tonometry reading
- Outcome of First non-contact tonometry (discharged, annual review, 2nd appointment booked)
- Date of First GAT
- First GAT Reading
- Outcome of First GAT Reading (Discharged, 2nd Appointment booked, referred to secondary care, annual review)
- Date of Second GAT
- Did patient attend Second GAT
- Second GAT Reading
- Outcome of Second GAT reading (Discharged, referred to secondary care, annual review)

5.4

Payments

The tariff is £28 for each repeat IOP test and can be claimed upon completion of the care episode.

1st repeat IOP = £28

2nd repeat IOP = £28

In the case of a DNA no payment can be claimed.

6. Availability of Service

6.1 Location of Provider Premises

The service should be delivered from accessible community based premises and/or part of **Domiciliary Services**.

6.2 Number of Sessions Provided at each Location

<Text Here>

6.3 Days/Hours of Operation

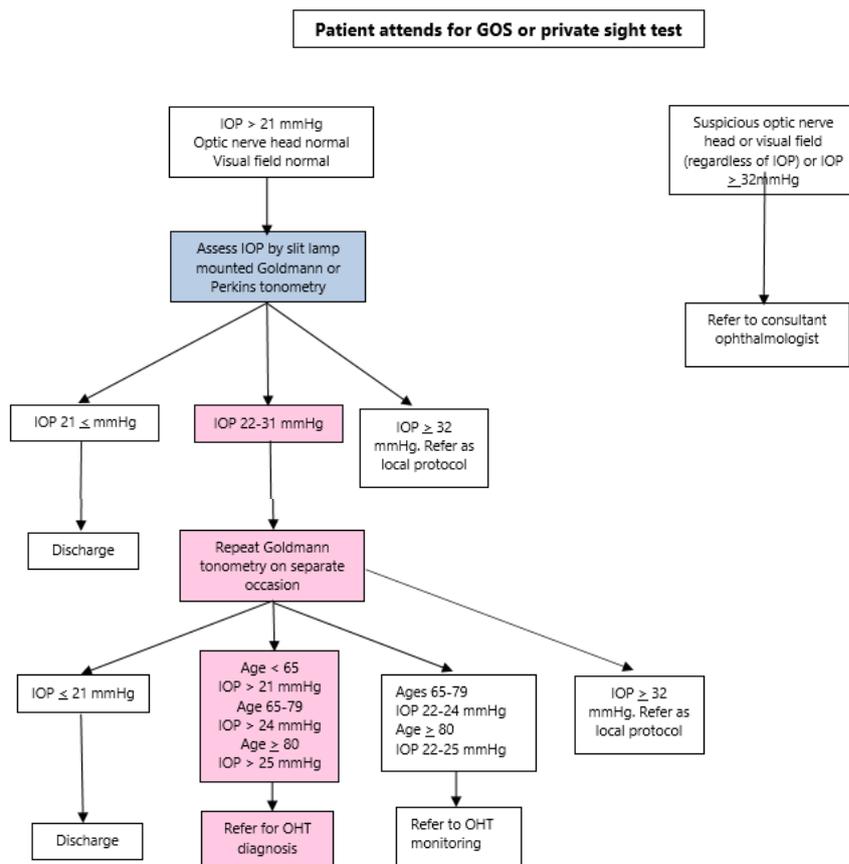
The service should be accessible within normal working hours to meet patient demand, extending to evenings/ weekends where required.

7. Individual Service User Placement (if applicable)

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Appendix 1 – Repeat Readings Pathway

Appendix 1
IOP Repeat Readings Pathway



Appendix 2 - Clinical Management Guideline for Glaucoma Repeat Readings (Level 1)

Description

Level 1a: Goldmann style applanation tonometry repeat readings

A first level community service for IOP refinement where other signs of glaucoma are not present will reduce unnecessary referrals to the hospital eye service, reducing patient anxiety and minimising capacity issues within the already overburdened hospital glaucoma clinics. The service will be cost effective with a greater number of patients managed within the primary care setting.

Level 1a (Part 1) Patients who are identified as having IOP > 21 mmHg and no other signs of glaucoma during a GOS or private sight test will have immediate slit lamp GAT or Perkins tonometry assuming the optometrist is contracted to provide the service. This service falls within core competencies for optometrists. Set up costs of purchasing tonometers should be considered.

Outcomes Guidance from the College of Optometrists and the Royal College of Ophthalmologists recommends that the outcome should be dependent on the patient's age and they define certain groups who may not need referral. However, pressures should still be repeated on these groups to ensure that decisions are made based on reliable readings.

There are four possible outcomes from this first repeat of pressures: 1. All patients with IOP > 31mmHg should be referred for OHT diagnosis without further IOP refinement 2. Other patients with a pressure of 22 - 31 need to proceed to Part 2 (2nd repeat pressure) 3. Pressures which differ between the eyes by 5 mmHg or more should proceed to Part 2 (2nd repeat pressure) 4. All other IOP results are within normal limits and the patient can be discharged.

At risk groups should be monitored at appropriate intervals.

Perkins applanation tonometry on a separate occasion.

Outcomes There are four possible outcomes from repeating this test: 1. Patients who need to be referred for OHT diagnosis based on confirmed IOP result:

Age Group < 65 years 65 – 79 years 80 years + Pressure > 21 mmHg > 24 mmHg > 25 mmHg

2. Patients who can be referred direct to the OHT monitoring service assuming there is a service in place:

Age Group 65 – 79 years 80 years + Pressure 22 - 24 mmHg 22 - 25 mmHg

NB: The Joint RCOphth/COptom's advice suggest that optometrists might "consider not referring" this group of patients as under the NICE Guidelines they will never need treatment. Whilst this is true, these patients however do still have OHT and need careful monitoring to pick up any signs of progression towards COAG. It is not appropriate to monitor these patients under GOS.

These patients are not really in any of the groups specifically covered by NICE but the most appropriate way to deal with them is to make the assumption that the College's advice constitutes the establishment of a "management plan" as per para 1.5.6 of NICE CG85 and monitor these patients as having diagnosed OHT.

3. Where repeat applanation measurements show a consistent difference in pressure of 5 mmHg or more, practitioners may wish to consider whether referral may be appropriate, or whether there is a reasonable explanation (e.g. surgery to one eye).

4. The results are within normal limits and the patient can be discharged. At risk groups should be monitored at appropriate intervals.

The criteria for inclusion of patients in level 1a: IOP > 21 mmHg as measured at the sight test following College guidance on technique where NCT is used (4 readings), and no other signs of glaucoma are present

The General Optical Council Core Competencies for Optometry

- Core Subject 1: **Communication Skills**
The ability to communicate effectively with the patient and with professional colleagues
- Core Subject 2: **Professional Conduct**
An understanding of professional conduct and the legal aspects of professional practice
- Core Subject 3: **Visual Function**
An understanding of and the ability to assess visual function
- Core Subject 4: **Optical Appliances**
The ability to prescribe and to dispense appropriate optical appliances
- Core Subject 5: **Ocular Examination**
The ability to perform an examination of the eye and related structures
- Core Subject 6: **Ocular Abnormalities**
The ability to identify and manage ocular abnormalities
- Core Subject 7: **Contact Lenses**
The ability to manage patients with contact lenses
- Core Subject 8: **Binocular Vision**
The ability to assess and manage patients with anomalies of binocular vision

Version control		
Version Number	Date agreed	Detail of Change
Version 1	14 September 2017	Change onto revised Service Specification Template