SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	02_GMS_65
Service	Adult Primary Care Ophthalmology - Bridport
Commissioner Lead	General Medical and Surgical CCP
Provider Lead	
Period	01 April 2014 – 31 March 2015
Date of Review	01 October 2014

1. Population Needs

1.1 National/local context and evidence base

In January 2007 the Government announced the results of the General Ophthalmic Services Review. The review recognised the potential to develop more accessible, tailored eye care services for patients by making greater use of the skills that exist among eye care professionals who work in primary and secondary care settings, to help diagnose and manage a range of eye conditions.

There is evidence from a variety of sources[1] that indicated that a wide range of non-complex ophthalmic conditions currently treated and managed in secondary care can be delivered within a Primary Care Service. Furthermore, evidence suggests that Primary Care Services if successfully established can deflect up to 60% of Primary Care referrals from secondary care.

The development of community based eye services is fully supported by the Department of Health in 'The Commissioning Toolkit for Community Based Eye Care Services'. http://www.fodo.com/downloads/resources/Commissioning_toolkit_community_based_Eye_Care.pdf. This recognises that there will be a growing demand for eye care services over the next decade owing to demographic changes and, in particular, an ageing population. The toolkit supports the development of community based eye services and promotes the benefits to patients with a range of eye conditions who could be safely and appropriately be managed within the community.

Evidence from other services across the country demonstrates that providing services on a local tariff can make significant savings, especially in light of the predicted increase in demand over the next decade.

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

2.2 Local defined outcomes

- Reduction of ophthalmology referrals to secondary care
- Reduction of follow-up appointments in secondary care
- Access to a quality community ophthalmology service closer to home

3. Scope

3.1 Aims and objectives of service

The aim of this service is to provide a high quality primary care based ophthalmic service founded on the principles of good practice and clinical governance.

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This Service for Adult Community Ophthalmology outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services and the Quality and Outcomes Framework or funded under other Enhanced Service provision. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

3.2 Service description/care pathway

The service will be provided to patients over the age of 15 who are registered with specified practices within NHS Dorset CCG.

This service will include triage, diagnostic assessment and appropriate treatment, including minor ophthalmic surgery.

Referral into the service is via GP or optometrist (GOS18 referral). The service will be published on

Choose and Book and booking for patients not registered with the practice will be facilitated through Choose and Book. This is not a requirement for patients registered with the practice.

Patients shall be seen and assessed within 4 weeks of the date of receipt of the referral. All referrals will be screened for suitability, and those that clearly require secondary care will be referred on directly.

Patients whose condition deteriorates will be referred to secondary or specialist care if appropriate.

On screening, blood tests and other diagnostic tests will be identified and organised before consultation where appropriate, facilitating a 'one-stop-shop' approach.

Where possible, minor ophthalmic surgery should be performed at the time of the first outpatient appointment.

The provider shall comply with the NHS policies on Infection Control for Primary and Community Care, in particular in regard to policies relating to the handling of used instruments, excised specimens and the disposal of clinical waste. Although minor surgical procedures carried out in primary care have a low incidence of complications, the practice will need to ensure compliance with current policies for the sterilisation of equipment using either sterile packs from an accredited Sterile Supplies Department or disposable sterile instruments.

In each case where minor ophthalmic surgery is performed, the patient should be fully informed of the treatment options and the treatment proposed. The patient should give informed consent for the procedure to be carried out and this should be recorded in the patient's lifelong record. If the patient is not registered with the practice providing this LES, the provider must send the information to the patient's registered practice for inclusion in the patient lifelong record.

All tissue removed by minor ophthalmic surgery should be sent routinely for histological examination unless there are exceptional or acceptable reasons for not doing so.

The Provider must ensure that details of the patient's treatment is included in his or her lifelong record. If the patient is not registered with the practice providing the service, then the Provider must send this information to the referring GP and/or optometrist within 5 days after the initial appointment. Inclusion in the patient notes should be within 5 working days. Where the referral originated from an optometrist, the patient's registered GP must also be sent a copy of the letter.

Patients will be discharged appropriately back into the care of their GP or optometrist. These patients may re-enter the service on re-referral from their GP or optometrist.

It is desirable, but not essential that the service provides telephone consultations and support for general practitioners.

3.4 Any acceptance and exclusion criteria and thresholds

The service will be provided to;

Patients over 16 years of age who require assessment and treatment for a range of ophthalmic conditions including:

- Dry eyes
- Blepharitis
- Conjunctivitis
- Ingrown eyelashes
- Cataract – assessment, patient consultation and non-surgical management where onward referral to HES is not indicated
- Anterior uveitis (iritis)
- Choroiodal/retinal anomalies
- Retinoschises
- Retinopathy
- Age related macular degeneration (dry)
- Posterior vitreous detachment – floaters and flashes

Patients who require minor ophthalmic surgery such as:

- Incision of eyelid
- Excision of lesions on eyelid (unless suspected skin cancer)

The service is not suitable for patients requiring specialist management of their ophthalmic condition. These patients should be referred directly to secondary care. Conditions which are currently excluded include:

- Glaucoma
- Squints
- Patients under 15 years
- Patients requiring orthoptic assessment
- Patients requiring major/specialist eye surgery
- New distortion from macular degeneration needing urgent angiogram
- Cataracts (where surgery is almost certain)
- Double vision requiring orthoptic assessment
- Suspected malignancies, including skin cancer
- Ocular hypertension

The above categories are subject to revision/exclusion by NHS Dorset CCG and its advisors at any time.

3.5 Interdependence with other services/providers

Secondary care eye services
Opticians and optometrists

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- Department of Health Commissioning toolkit for community based eye care (2007) http://www.fodo.com/downloads/resources/Commissioning_toolkit_community_based_Eye_Care.pdf
- NICE quality standard: glaucoma, referral 1. NICE quality standard: glaucoma, referral 2 http://guidance.nice.org.uk/QS7

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

- glaucoma and ocular hypertension guideline RCOG 2009

4.3 Applicable local standards

Eligibility to provide the Service

The Provider must have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of this service.

The Provider and service should comply with the Department of Health guidance on 'Accreditation of GPs and Pharmacists with Special Interests.'

Clinicians delivering ophthalmology services have a responsibility for ensuring that they are competent and that their skills are regularly updated in line with latest guidance. Doctors carrying out ophthalmic work should demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities.

The Provider will be familiar with NHS standards and regulations in relation to the provision of community eye services and comply with the recommendations as appropriate.

The service delivered will be subject to clinical audit and monitoring will be carried out as part of the annual review of the contract.

Medication

All drug costs shall be included by the bidder in the price, with a minimum course length of 2 weeks (or as clinically indicated) This means that the provider is responsible for the costs of prescribed drugs

Prescribing should be carried out within the context of guidance from the NHS Dorset Medicines Management Team.

Performance Monitoring and Audit Arrangements

The provider shall provide quarterly monitoring data in respect of this service by the 15th of the month following the end of each quarter during the year in line with the requirements set out

below:

- number of referrals by GP practice;
- numbers of patients waiting and average length of wait;
- number of patients seen (new, follow up and one-stop-shop including minor surgery) by practice and by condition;
- number of patients who did not attend;
- number of onward referrals to secondary care;
- any other performance measure as mutually agreed or nationally required.

The provider will audit the service annually and make the results available to The audit will include:

- clinical audit of the service. This should include, as a minimum:
  - clinical outcomes/diagnosis
  - rates of infection or complication (minor surgery)
- audit of service effectiveness (reduction in secondary care outpatient appointments)
- patient and referrer satisfaction surveys;
- any other performance measure as mutually agreed or nationally required.

Implementation of the clinical governance principles and systems will be monitored through the normal contract review processes.

Sustainability

The service should be available during the practices contracted hours (i.e. 8.00am to 6.30pm) for 52 weeks of the year and evidence should be provided that appropriate plans have been devised for cover of leave (both anticipated and unanticipated) and succession planning for staff turnover.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

N/A

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement

[1]General Ophthalmic Services Review, 2006, DOH focus of the review – how to support PCTs in commissioning a
wider range of community eye services
Commissioning toolkit for community based eye care services, 2007, DOH. Purpose Best Practice Guidance
National Eye Care Services Steering Group First Report 2004,DH
Evaluation of Chronic eye care services programme: final report Dec 2006 DOH
Clinical guide to commissioning Ophthalmic Care, 2006, Association of Ophthalmologists pp 7