

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement  
 Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

<b>Service Specification No.</b>	
<b>Service</b>	Community Cataract Follow Up Service
<b>Commissioner Lead</b>	Bristol CCG – Management Lead Andy Newton Clinical Lead – Pippa Stables
<b>Provider Lead</b>	Insert Optometrist branch (accredited Optometrists listed in Appendix 4)
<b>Period</b>	12 <sup>th</sup> October 2015 – 31 <sup>st</sup> October 2018 (possible extension to 2020)
<b>Date of Review</b>	October 2016

<b>1. Population Needs</b>
<p><b>1.1 National context</b></p> <p>Currently there is a national trend in the growth of demand for specialist eye services, and visual impairment is identified as one of the major health challenges now facing the NHS; along with cancer, heart disease and dementia.<sup>1</sup> Demand for specialist eye services is predicted to further rise as a result of the earlier diagnosis of chronic conditions, availability of new treatments, and population changes.</p> <p>A cataract is an eye condition in which the lens becomes cloudy over time. If untreated, cataracts can lead to severe sight impairment. Cataract is a very common condition with no sign of any non-surgical cure or significant preventative strategy. The number of patients with cataract is steadily growing with the increasing age of the population. Furthermore treatment and lenticular prostheses are becoming progressively more sophisticated, so that the demand for early cataract surgery to keep people at work, driving or functioning well at home is rising.</p> <p>Traditionally, eye care services have been a secondary care based specialty. However, the General Ophthalmic Services Review undertaken during 2006 and 2007 recognised the potential for a wide range noncomplex ophthalmic conditions including cataract follow up services, which are traditionally managed and treated in secondary care, to be delivered in a community setting. Indeed, the review suggested that potentially up to 60% of primary care referrals could be deflected away from secondary care if suitable community services existed.<sup>2</sup></p> <p>Added to this Optometrists have, within their core competency, the ability to manage a range of noncomplex ophthalmic conditions in the community and for the purposes of this contract, carry out post-operative cataract care.</p>

<sup>1</sup> Bosanquent N, *Liberating the NHS: Eye Care*, Imperial College London: 2010

<sup>2</sup> Department of Health, *Commissioning Toolkit for Community Based Eye Care Services*, DH: 2007

## 1.2 Local context

Programme budgeting data published by NHS England and Public Health England suggests that, benchmarked against its ONS comparison cluster, whilst Bristol currently spends less on 'vision' services than other comparable areas, outcomes expected are also consequently lower than benchmark.<sup>3</sup>

Cataracts surgery for the Bristol population is undertaken at a number of Hospital Eye Services (HES), including Bristol Eye Hospital and a number of other providers. Approximately two thirds of cataracts procedures are undertaken at the BEH. The total number of cataracts procedures is increasing significantly every year.

Currently in Bristol, cataract patients are followed up post-surgery by their surgical provider, and then obtain their glasses from their local community Optometrist. There is repetition in this process as the community Optometrist is required to repeat most of the postoperative tests that have been previously been done by the hospital clinicians before new glasses can be prescribed. Bristol CCG is introducing a Community Cataract Follow up service which will help improve the patient journey by reducing the number of visits overall for the majority of patients, and to include as few visits to secondary care as possible, by offering the follow up and sight test (and new glasses) in one visit to their community optometrist.

## 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	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
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	X

### 2.2 Local defined outcomes

It is expected that the Community Cataract Follow Up Service will result in the following outcomes:

- **Accessible service** – Community provision of cataract follow up appointments supports the Care Closer to Home agenda. Providing follow up appointments in the community should contribute to a patient pathway which is timely, convenient and appropriate to patient's needs.
- **Equitable service** - Community provision of cataract follow up appointments allow patients the choice of any accredited local community optometrists, compared to just the secondary care provider.
- **Improved patient experience and more efficient pathway** – Community provision of cataract follow up appointments reduce the number of visits patients make to secondary care
- **Reduced waiting lists** – Increasing the number of cataract follow up appointments delivered in the community will reduce the waiting list for follow-up appointments in

<sup>3</sup> Accessed at <http://www.yhpho.org.uk/quad/Default.aspx>

the secondary care provider and streamline the patient pathway. Service will be run in conjunction with commissioner led, agreed referral management processes.

### **3. Scope**

#### **○ Aims and objectives of service**

##### **..1 Aims of the service**

The aims of the Community Cataract Follow Up Service are:

- To make the provision of cataract surgery in Bristol more efficient through secondary care clinicians and community optometrists working more closely together following an agreed cataract pathway (shown in appendix 1);
- To promote care in convenient locations, closer to the patient, and improve overall patient experience;
- To reduce waiting times for ophthalmology outpatients appointments;
- To deliver quality service provision which will be equal to that delivered in secondary care, at a reduced cost when compared to the same service provided in an acute setting;
- To better utilise the knowledge and skills of Primary Care Optometrists;
- To further develop relationships between Primary Care Optometrists, other health professionals and commissioning bodies.

##### **..1 Objectives of the service**

The objectives of the Community Cataract Follow Up Service are:

- To ensure that patients are seen by an accredited clinician, with the relevant skills and equipment, in a suitable location;
- To offer patients a choice of locations for their cataract follow-up appointment, as close to their home as possible;
- To comply with all relevant waiting times standards and ensure that the patient's care is delivered in a timeframe suitable to the patient's clinical, emotional and social needs (approximately 5 weeks post-surgery);
- To deliver safe, evidence-based care;
- To work with other services and health professionals (both primary and acute based) as appropriate, to ensure an appropriately integrated ophthalmic pathway for local patients;
- To provide accurate data about outcomes and patient satisfaction via Medisoft;
- A service which is developed in line with patient and public feedback (both local and nationwide), and receptive to evidence-based change;

### **3.2 Service description/care pathway**

#### **3.2.1 Service Description**

The Community Cataract Follow Up Service is a community based service providing post-operative care to patients who have recently undergone cataract surgery, and have been referred by their surgical provider.

The service will be delivered from a range of accredited optometrists across Bristol and the surrounding areas. Optometry practices will be incentivised financially to offer the service to the value of £40 per follow up appointment - participation in the scheme is based on a contractual basis to be provided by named Primary Care Optometrists working for a contract holding practice. Participating Optometrists must meet the required level of training and expertise, in order to be accredited and receive payment. This will involve participating in a short local training and accreditation session (see section 3.7).

### **3.3 Population covered**

Patients accessing the Community Cataract Follow Up Service will be registered with a GP Practice in the city of Bristol within the boundaries of NHS Bristol CCG (appendix 2).

Location of service site will be the optometric practice area of the contractor or the subcontracted optometrists.

### **3.4 Any acceptance and exclusion criteria and thresholds**

#### **3.4.1 Inclusion criteria**

Patients suitable for referral to the Optometrist under the Community Cataract Follow Up Service will satisfy the following:

- Cataract patients referred to the Optometrist under the Community Cataract Follow up Service from Hospital eye service (HES)
- Patients aged 18 years or over
- Patients registered with a GP Practice within NHS Bristol CCG boundaries

#### **3.4.2 Exclusion criteria**

Patients are not suitable for referral to the Community Cataract Follow Up Service if they fulfill any one of the following criteria:

- Patients aged under 18 years
- Patients registered with a GP outside of Bristol CCG
- Patients who have undergone complicated cataract surgery. These patients should have their follow up care with the relevant surgical provider.

Services not specifically stated or detailed as part of this specification are excluded from this schedule and agreement.

#### **3.4.3 Referrals**

Patients who meet the inclusion criteria for the Community Cataract Follow Up Service will be discharged from their surgical provider with a hard-copy of their discharge letter, management plan and appropriate instructions. The plan for the second eye will be decided at listing and/or preoperative assessment. Admissions will not accept a cataract listing unless the plan is included in the notes. HES will include a note to the GP on the form taken by the patient to the GP (copied to the Optometrist) after the cataract operation to confirm the plan for the second eye, if appropriate.

The patient on discharge from the HES will receive a list of accredited optometrist practices and be instructed to contact an accredited Optometrist of their choice to arrange their follow-up appointment for approximately 5 weeks post-surgery. This list will be maintained and updated by the SWCSU & CCG and any change to accreditation (should the Optometrist stop delivering the service for example) must be communicated immediately to: [mark.sims@swcsu.nhs.uk](mailto:mark.sims@swcsu.nhs.uk) to allow an updated list to be shared with HES for patient dissemination and Bristol CCG for payment purposes.

The accredited list will be sent regularly to the Hospital eye service and will also be published on the CCG website for Optometrist and patient access.

A copy of the patients discharge letter and management plan will also be sent to the patients GP by the HES.

### **3.5 Process**

The Community Cataract Follow Up Service requires the Optometrist to undertake the following processes during a follow up appointment approximately 5 weeks post-surgery:

Obtain general history – to include:

- Patient satisfaction with surgical outcome
- Any pain or discomfort

Eye examination to include:

- Uncorrected visual acuity for the operated eye and fellow eye
- Measure intra-ocular pressure of both eyes (Goldmann/Perkins tonometer).
- Sight test (post –operative refraction)
- Corrected visual acuity and refraction
- Full examination of the anterior segment of both eyes including a check for cells and flare and any sutures.
- Dilation
- Check that the intra-ocular lens is clear, along with the posterior capsule.
- Examine the rest of the eye, in particular the macula and optic disc.

The Optometrist should then:

- Input details of the patient follow up onto Medisoft using the PIN code on the discharge letter from HES
- Send in details of completion of follow up to Bristol CCG for payment (including only the PIN and the NHS number of the patient as identifiers (proforma - appendix 3); and send a copy to Bristol CCG for payment [ceff.nca-bccg@nhs.net](mailto:ceff.nca-bccg@nhs.net) and retain a copy in the patient's notes.

Bulk invoicing for payment is permitted, however it is advised only up to 4 weeks as any longer will impact on HES and CCG ability to monitor 'Do not Attends' and will delay payment to the practice.

It is imperative that the Optometrist endeavours to recognise early post-operative complications and in such cases immediately refers the patient back to the Hospital eye service. For BEH this is through a secure email to the following email account: [ubh-tr.behcataractfollowups@nhs.net](mailto:ubh-tr.behcataractfollowups@nhs.net) or via phone during working hours: 0117 342 4659 (main contact Victoria Yates). These complications may include (but not exclusively) the following:

- Unanticipated visual acuity of less than 6/12 equivalent;
- Distortion of vision reported by patient
- Intraocular pressure above 21mmHg (but repeat measures can apply here)
- Anterior uveitis of more than occasional cells (> 5cells in a 3 x 1 mm beam)
- Any other significant concerns that the examining Optometrist may have.

Re-referral details should also be included in the 'Comments' box on Medisoft with brief details as to why.

NHS Bristol CCG will work with the Hospital eye service to chase patients who do not attend by the means of 1 letter to the patient and copying in the GP.

If for whatever reason a patient needs a second follow up appointment, NHS Bristol CCG will not pay an additional fee.

### **3.6 Staff**

In order to participate in the service, optometric practices should employ accredited optometrists and have suitable equipment.

All persons employed within the Service are required to be skilled and experienced in the duties required of them and properly carry out the service with regards to:

- the task that the person has to perform;
- all relevant provisions of the contract;
- all relevant rules, policies, procedures and standards of the Commissioners;
- fire risks and fire precautions;
- the need for those working in the National Health Service to observe the highest standards of hygiene, courtesy and consideration;
- the requirements of the Health and Safety at Work Act 1974 and other relevant legislation and codes of practice.

### **3.7 Training**

The Optometrist should be able to perform all tasks listed in section 3.5. The competencies required for participating optometrists are all included in the core competencies defined by the General Optical Council (GOC)

Only optometrists who have completed accreditation will be permitted to deliver the Community Cataract Follow Up Service. Accreditation for participating optometrists to participate in the Community Cataract Follow Up Service will include:

- The WOPEC (Wales Optometry Postgraduate Education Centre) cataract modules
- Registration with the GOC
- Completion of Bristol CCG accreditation event. Accreditation events will be run at least annually to provide for performers starting work in the Bristol CCG area.

Optometrists delivering the service will be expected to ensure their continued professional development with respect to this service and evidence as such through training logs etc.

For practices to hold a contract under which accredited Optometrists can practice, the HSCIC Toolkit needs to be commenced and Level 2 reached by March 2016.

### **3.7 Interdependence with other services/providers**

The Provider will work with other primary and acute based services and health care professionals as appropriate, to ensure an appropriately integrated cataract pathway for Bristol cataract patients.

### **3.8 Quality and monitoring**

The Provider will work with NHS Bristol CCG and HES to monitor and evaluate the service over the lifetime of the contract to ensure that the pathway runs smoothly, the aims of the service are delivered, and the needs of the Bristol population are met.

The commissioner will audit the Community Cataract Follow Up Service in the following ways:

1. The use and reporting of patient experience surveys and development of action plans to improve where necessary, patient experience in response to survey results.

All NHS organisations are using the 'Friends and Family Test' (FFT) and we would want to encourage the provider to ask all patients the following questions using an FFT card.

Example given below:

## HAVE YOUR SAY TO IMPROVE YOUR CARE

We welcome patient feedback to tell us what we are doing right and what we can improve.  
We would like you to think about your recent experience of our services. How likely are you to recommend our practice to friends and family if they needed similar care or treatment?

Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					

Thinking about your response to this question, what is the main reason why you feel this way?

The CCG wish to receive quarterly information on the percentage of patients who have responded to the FFT survey and of those the percentage of patients who are 'high likely' plus those 'likely' to recommend the service to a friend or family.

For further information <http://www.nhs.uk/NHSEngland/AboutNHSservices/Pages/nhs-friends-and-family-test.aspx>

### 2. Via Medisoft and HES contract monitoring meetings:

- Number/percentage of follow up appointments delivered under the scheme compared to number/percentage of follow ups delivered in eye hospital
- Outcome of follow up appointments including whether the patient is being referred for operation on second eye
- Financial monitoring through CCG payments.

### 3. The Optometrist shall, annually provide the Commissioner with the following as stipulated by NHS standard Terms & Conditions within an Annual Service Quality Performance Report:

- Episodes of Duty of Candour (if any) and details thereof;
- Never events (if any) and details thereof;
- Complaints - setting out numbers of complaints received and including analysis of key themes in content of complaints;
- Summary report of all incidents, including number, detail and resolution.

### 4. The Optometrist shall, on request, provide the Commissioner with any information relevant to the service to support the audit, including the following information:

- Number of referrals received
- Details/copies of patient record
- Details of patients referred to Hospital Eye Service (HES)

All Serious Incidents, Reportable Patient Safety Incidents and Other Patient Safety Incidents must be communicated to Bristol CCG as stipulated in Schedule 6D.

#### 4.1 **Applicable national standards (eg NICE)**

The Provider will comply with all relevant and appropriate national standards and NICE guidance.

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

- The Optometrist warrants that he/she is a qualified Optometrist registered with the General Optical Council and that he/she will at all times maintain a high clinical standard to meet the requirements of the General Optical Council.
- The Optometrist will observe the legal requirements and professional guidelines of the General Optical Council Code of Conduct and the College of Optometrists Guidelines.
- The Optometrist will ensure that they are covered by up to date professional indemnity insurance at all times for services being provided under this contract.

**4.3 Applicable local standards**

The Provider will comply with all relevant and appropriate locally agreed standards:

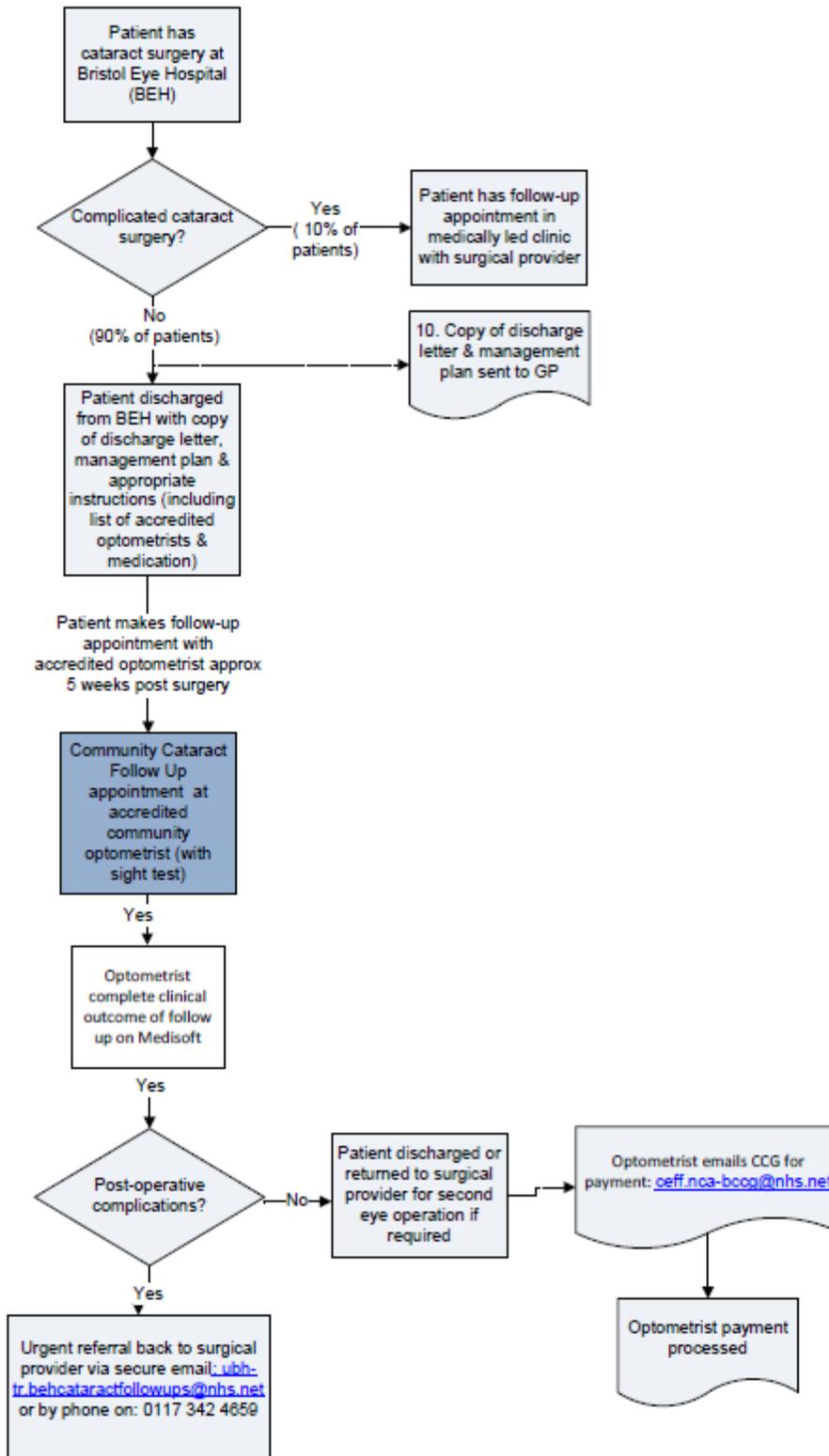
- **Clinical practice** – The Optometrists will adhere to the Community Cataract Follow Up Service process and criteria as detailed in sections 3.4 and 3.5.
- **NHS mail** – The Optometrist will act in accordance with guidance on use of NHSmail, including the security and protection of passwords. Registration and renewal of NHS.net passwords will be supported by Bristol CCG and South West Commissioning Support Unit.
- **Information sharing** – The Optometrist will ensure the relevant clinical information is completed on Medisoft and that the claim forms are fully completed and sent to Bristol CCG following each Community Cataract Follow Up appointment.

**5. Location of Provider Premises**

The Provider's Premises are located at:

To be added

## Appendix 1 - Community Cataract Follow Up Service Pathway



## **Appendix 2 - Bristol CCG member practices**

### **North and West locality:**

Avonmouth Medical Centre  
Bishopston Medical Practice  
Bradgate Surgery  
Clifton Village Practice  
Fallodon Way Medical Centre  
Family Practice  
Gloucester Road Medical Centre  
Greenway Community Practice  
Helios Medical Centre  
Horfield Health Centre  
Hotwells Surgery  
Monks Park Surgery  
Pembroke Road Surgery  
Ridingleaze Medical Centre  
Sea Mills Surgery  
Shirehampton Group Practice  
Sneyd Park Surgery  
Southmead and Henbury Family Practice  
Student Health Service  
Westbury on Trym Primary Care Centre  
Whiteladies Medical Group

### **Inner City and East locality:**

Air Balloon Surgery  
Beechwood Medical Practice  
Broadmead Medical Centre  
Eastville Medical Practice  
Fishponds Family Practice  
Homeless Health Service  
Lawrence Hill Health Centre  
Lodgeside Surgery  
Montpelier Health Centre  
Seymour Medical Practice  
St George Health Centre  
The Easton Family Practice  
The Maytrees Practice  
The Old School Surgery  
The Wellspring Surgery

### **South locality:**

Armada Practice  
Bedminster Family Practice  
Birchwood Medical Practice  
Crest Family Practice  
Gaywood House  
Grange Road Surgery  
Green Practice  
Hartwood Healthcare  
Hillview Practice  
Lennard Surgery  
Malago Surgery  
Merrywood Practice  
Nightingale Valley Practice  
Priory Surgery  
Southville Surgery  
St Martin's Surgery  
Stockwood Medical Centre  
Wedmore Practice  
Wells Road Surgery

## Appendix 3 – Proforma for payment



### NHS Bristol CCG Community Cataract Follow Up Service Payments Form

This form should be used on completion of a NHS Bristol CCG Community Cataract Follow Up appointment.

A signature is no longer required.

Please email the completed form to: [ceff.nca\\_bccg@nhs.net](mailto:ceff.nca_bccg@nhs.net) for payment OR post to: Bristol CCG Finance, 6th Floor, South Plaza, Marlborough Street, Bristol BS1 3NX.

Emails do not have to be sent from a secure (@nhs.net) account but **MUST NOT** contain patient identifiable data (only the Medisoft PIN number).

#### SECTION A – PATIENT DETAILS

Medisoft PIN number: \_\_\_\_\_

#### SECTION B – Optometrist Detail

NAME OF ACCREDITED OPTOMETRIST PERFORMING FOLLOW UP \_\_\_\_\_

NAME AND ADDRESS OF PRACTICE/STORE \_\_\_\_\_

#### Section C- Detail of Cataract Follow Up

DATE OF PATIENTS CATARACT SURGERY \_\_\_\_\_

DATE OF FOLLOW UP APPOINTMENT \_\_\_\_\_

OUTCOME OF FOLLOW-UP APPOINTMENT	<input type="checkbox"/> Discharged	<input type="checkbox"/> Referred back to surgical provider	<input type="checkbox"/> Referred to A&E
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DATE OF CLAIM \_\_\_\_\_

The table below sets out the schedule of local tariffs agreed for this service, and which the Provider will charge the Commissioner in respect of services rendered.

	Tariff
Cataract Follow up Appointment tariff	£40.00

After checking the Payment Claim forms NHS Bristol CCG will process payments, which are made by BACS to practices via the sign contractor, on a monthly basis. Fees will be reviewed in line with the annual NHS Operating Framework. There is an expectation that the Provider will keep the number of follow up appointments to a minimum, and that therefore ordinarily patients will not need or receive more than one follow up appointment. Where more than two follow up appointments are required, the Provider will need to report this to the Commissioner and explain the reasons for these additional follow ups before the Commissioner will pay the follow up charges.

The Commissioner will not pay any additional or alternative charges to the Provider in respect of services rendered by the Provider. Similarly, NHS Bristol CCG will not pay for any services provided which are not listed in this contract. The Commissioner will not pay any monies to the Provider in respect of patients who Do Not Attend (DNA) their appointment, or those who are seen and treated by the Provider who do not meet the inclusion criteria listed in section 3.4.1 of Schedule 2 (A). This includes patients who do not meet the relevant criteria under applicable Interventions Not Normally Funded (INNF) policies which the Commissioner has enacted, or chooses to enact, during the period of this agreement. The Commissioner will not pay any monies to the Provider in respect of cancelled appointments which are a result of Provider error or are cancelled by the Provider.