

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

Service Specification No.	
Service	Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Service
Commissioner Lead	Bristol CCG – Management Lead Andy Newton Clinical Lead – Pippa Stables
Provider Lead	Insert Optometrist practice (accredited Optometrists listed in Appendix 5)
Period	1 st March 2016 – 28 th February 2019
Date of Review	April 2017

1. Population Needs

1.1 National context

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.¹ 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.

Chronic open angle glaucoma (COAG) is a common and potentially blinding condition. It is usually asymptomatic until advanced and many people will be unaware there is a problem with their eyes until severe visual damage has occurred. Ocular hypertension (OHT) is a major risk factor for developing COAG, although COAG can occur with or without raised eye pressure.

Approximately 10% of UK blindness registrations are attributed to glaucoma. Around 2% of people older than 40 years have COAG, rising to almost 10% in people older than 75 years in white Europeans. The prevalence may be higher in people of black African or black Caribbean descent or who have a family history of glaucoma. With changes in population demographics the number of individuals affected is expected to rise. Based on these estimates 480,000 people are currently affected by COAG in England. There are over a million glaucoma-related outpatient visits in the hospital eye service annually.

¹ Bosanquet N, *Liberating the NHS: Eye Care*, Imperial College London: 2010

Once diagnosed, people with COAG need lifelong monitoring so that any progression of visual damage can be detected. Once lost, sight cannot be restored, and controlling the condition, together with prevention, or at least minimisation of ongoing damage, is crucial to maintaining a sighted lifetime.²

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 of non-complex ophthalmic condition, 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.³

Added to this Optometrists have, within their core competency, the ability to manage a range of non-complex ophthalmic conditions in the community and for the purposes of this contract, carry out Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring.

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.⁴

Bristol PCT launched the Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Scheme in March 2011, as a result of a glaucoma pathway redesign, in an attempt to improve access to care for appropriate glaucoma-related episodes in the community. Following consideration by the Bristol CCG (the commissioner) it has been decided to retain the scheme in order to reduce the increasing volume of activity going through Bristol Eye Hospital (BEH) and other Hospital Eye Service (HES), which is resulting in increased waiting times

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	X

² NICE guidelines [CG85] Glaucoma: Diagnosis and management of chronic open angle glaucoma and ocular hypertension. April 2009

³ Department of Health, Commissioning Toolkit for Community Based Eye Care Services, DH: 2007

⁴ Accessed at <http://www.yhpho.org.uk/quad/Default.aspx>

2.2 Local defined outcomes

It is expected that the Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Service will result in the following outcomes:

- **An accessible service** – Community provision of glaucoma repeat measure and OHT/suspect monitoring appointments supports the care closer to home agenda.
- **An equitable service** - Community provision of glaucoma repeat measures OHT/Suspect monitoring 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 glaucoma repeat measures OHT/suspect monitoring appointments should reduce the number of visits patients make to secondary care
- **Reduced waiting lists** – Increasing the number of glaucoma repeat measures OHT/suspect monitoring appointments delivered in the community should reduce the waiting list for follow-up appointments in the secondary care provider

3. Scope

3.1 Aims and objectives of service

3.1.1 Aims of the service

The aims of the Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Service are:

- To deliver—repeat measures, ocular hypertension and glaucoma suspect monitoring services in Bristol more efficiently through secondary care clinicians and community optometrists working more closely together following agreed pathways (shown in the appendices);
- To increase the accuracy of referrals to Hospital Eye Services (HES) and to reduce false positive referrals;
- 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.

3.1.2 Objectives of the service

The objectives of the Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring 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 glaucoma repeat measures and OHT/suspect monitoring, as close to their home as possible;
- To reduce the number/percentage of patients requiring referral into to hospital eye services (HES);
- 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;
- 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;
- 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 Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Service incentivise appropriately accredited Optometrists to deliver repeat measures and monitoring of ocular hypertensive and glaucoma suspects patients within Community Optometry. Where the service specification refers to Goldmann applanation tonometry, as allowed under NICE CG85 Perkins tonometry may be substituted for Goldmann applanation tonometry where the standard test (GAT) is unsuitable.

The service has been adapted from a pathway recommended by the Local Optical Committee Support Unit (LOCSU) and is split into two phases (see appendices 1 & 2 for Bristol pathways):

Phase 1 Glaucoma Repeat Measures:

- Phase 1a (part one): Goldmann applanation tonometry for patients with pressures 22-31 mmHg on initial visit.
- Phase 1a (part two): Goldmann applanation tonometry on a separate visit for

patients with pressures 22-31 mmHg in at least one eye at their first Goldmann applanation tonometry measurement.

- Phase 1b: Visual fields repeated on a separate occasion for any suspect glaucomatous defect. On rare occasions both IOP and visual fields is required, the IOP should be repeated first and then the visual field repeat carried out if the IOP is normal.
- Phase 1c: Accredited optometrist undertakes a full assessment on a patient with suspected ocular hypertension referred by a non-accredited optometrist. The examination should include Goldmann applanation tonometry, visual fields, dilated examination of the disc and Van Herick's Technique. This is for patients from a non-accredited practice seen at the request of the CCG.

Phase 2 OHT/Suspect Monitoring:

- Annual appointment to monitor patients discharged from hospital eye service with diagnosis of ocular hypertension or suspect glaucoma (who may or may not be taking topical treatment to control their intraocular pressure). This should include Goldmann applanation tonometry, suprathreshold perimetry, Van Herick's test, and dilated slit lamp biomicroscopic examination of the optic nerve head.

Participation in the scheme (phases 1 and phase 2) is based on a contractual basis to be provided by named accredited Primary Care Optometrists working for a Contract holding practice. Participating optometrists must meet the required level of expertise, in order to be accredited and receive payment. This will involve participating in a short, local assessment and accreditation (see section 3.7).

3.3 Population covered

Patients accessing the Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Service will be registered with a GP Practice in the city of Bristol within the boundaries of Bristol CCG (see appendix 3).

Location of service site will be the optometric practice of the contractor or the subcontracted optometrists for Optometry chains.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Inclusion criteria

Patients suitable for referral to the Optometrist under the Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Service will satisfy the following:

- Patients aged 18 years or over
- Patients registered with a GP Practice within Bristol CCG boundaries

Phase 1 Glaucoma Repeat Measures:

- Patients with a mean intraocular pressure found to be 22–31 mmHg (with non-contact tonometry, recorded as an average of 4 readings, as per College of Optometrist guidance) and/or suspect fields at routine sight test AND normal optic nerve head and no other referable signs of glaucoma

Phase 2 OHT/Suspect Monitoring:

- Patients with a diagnosis of either Ocular Hypertension or Glaucoma

Suspect, who are discharged from the care of Bristol Hospital Eye Service (HES) into the community monitoring scheme (who may or may not be receiving topical treatment to control their intraocular pressure).

3.4.2 Exclusion criteria

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

Patients are not suitable for discharge to the Community Optometrist under the Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Service if they fulfil any one of the following criteria:

- Patients aged under 18 years
- Patients registered with a GP outside of Bristol CCG

Phase 1 Glaucoma Repeat Measures Exclusions:

- Patient has other, Glaucoma related or any other referable ocular pathology
- Patient with IOP \geq 32mmHg (Refer to Hospital Eye Service) and/or suspect optic discs

Phase 2 OHT/Suspect Monitoring Exclusions:

- Patient with a diagnosis of glaucoma
- Patients with significant other related ocular pathology

3.4.3 Referrals

Phase 1 Glaucoma Repeat Measures: All patients shall be identified by Community Optometrists, at routine sight test. Non accredited Optometrists working within a contract holding practice must direct patients with suspected ocular hypertension or suspect visual field defect to an accredited optometrist (located in the same practice). In this case, the fee claimed must be the same as would have applied should the initial Optometrist have been accredited.

Phase 2 OHT/Suspect Monitoring: Patients who meet the inclusion criteria for the OHT/Suspect Monitoring service will be discharged from the HES into the community monitoring service. The HES will send a copy of the patient's discharge letter/management plan to the patient's GP. The HES will also send a note of the patient details securely to Bristol CCG for purposes of payment verification and following up patients who do not attend the community monitoring scheme on schedule.

The patient will be sent a hard-copy of their discharge letter/management plan, visual field copies and disc images, by post. A patient information leaflet and a list of accredited community Optometry practices along with instructions for the patient to contact an Optometrist of choice within a month of being discharged will also be posted to the patient.

This list of accredited optometrists and contract holding practices will be maintained and updated by the SWCSU. Any change to accreditation (should the Optometrist stop delivering the service for example) must be communicated immediately to: david.moss@swcsu.nhs.uk to allow an updated list to be shared with HES for patient dissemination.

Patients will be instructed to make an appointment for a year from the date of their HES discharge. The Optometrists should request a copy of the patient's management plan from the patient's GP if the patient does not present this (see Appendix 7 for a template letter). Copies of visual field plots and disc images can be requested from the shared care secretary at the Bristol Eye Hospital.

The Community Optometrist will subsequently write to the patient to remind them annually of the need to book a new check-up appointment and be responsible for chasing any patients that do not attend. The Optometrist must then inform the patient's GP & CCG of any continued non-attendance.

The possibility of patients not contacting an Optometrist for a follow up appointment will be managed by Bristol CCG and HES who will chase patients on the HES discharge list 14 months post hospital discharge if no claim for a community monitoring appointment is made.

3.5 Process

Glaucoma Repeat Measures: The Glaucoma Repeat Measures Phase of the service requires the Optometrist to undertake the following processes:

Phase 1a (repeat IOP's)

- Repeat intraocular pressure (IOP) 1st GAT, using Goldmann applanation tonometry where IOP is found to be 22-31 mmHg at a routine sight test.
- Repeat intraocular pressure (IOP), 2nd GAT, using Goldmann Applanation Tonometer, on separate occasion if either eye shows an intraocular pressure reading of 22-31 mmHg.
- If the IOP remains 22-31 mmHg after second reading (GAT) or if the patient has normal IOP but repeatable visual field defect discuss Choose and Book process with patient and refer patient to hospital eye services (HES)* via the GP enclosing a copy of the repeat measures reporting / claim form (Appendix 4) and a copy of the patient referral letter (Appendix 6).

** Subject to following age-criteria as per NICE, CG85:*

- o *Patients 65 years and over with a Goldmann IOP of <25mmHg and with otherwise normal ocular examinations (normal discs, fields and van Herick) do not need to be referred to HES).*
- o *Patients aged 80 years and over with a Goldmann IOP of <26mmHg with otherwise normal ocular examinations (normal discs, fields and van Herick) do not need to be referred to HES)*
- If IOP is 21 mmHg or less after second reading, continue to see patient in community via routine eye examination.
- If IOP is 32 mmHg or greater and/or any suspect glaucomatous optic disc or unequivocal visual field defect to be referred to HES without any repeat measures.

Phase 1b (repeat visual fields)

- If the patient has a normal IOP at the sight test (or is found after repeat measures to have normal IOP's) a repeat visual field may be performed on separate occasion if abnormal/suspicious at routine sight test.

- If IOP is 32 mmHg or greater and/or any suspect glaucomatous optic disc to be referred to HES without any repeat measures.

Phase 1c

- Undertaking an assessment on a patient with suspected ocular hypertension referred by a non-accredited optometrist: The examination should include Goldmann applanation tonometry, Van Herick's Technique, assessment of the visual fields by either suprathreshold or threshold visual field test and dilated examination of the disc.
- Phase 1c applies to patients referred from a non-contract holding Optometry practice, requested by the CCG to attend a contract holding practice to see an accredited Optometrist.

All phases 1 a,b &c:

- Provide all patients in the scheme with information leaflet about eye pressure, as supplied by the Commissioner, attached in appendix 10.

Phase 2 OHT/Suspect Monitoring: The OHT/Suspect Monitoring Phase of the service requires the Optometrist to undertake the following processes:

- Accept patient on discharge from the care of the HES (hospital to provide patient with list of accredited optometrists and send the patient their discharge pack as listed under 3.4.3. The patient needs to take this pack to their chosen Optometrist within a month of discharge to arrange their annual review).
- Monitor patients according to guidance specified in management plan: visual fields, optic discs, van Herick's test and Goldmann intraocular pressure.
- Re-refer patient to HES according to clinical management plan e.g. further elevation of IOP or glaucomatous visual field defect.
- This re-referral to the HES should be done by direct referral to: Glaucoma Bookings Team, Medical Records Dept, Bristol Eye Hospital, Lower Maudlin St, Bristol, BS1 2LX and clearly labelling the referral as a "referral for patient in the Bristol OHT/suspect monitoring scheme" (otherwise risk rejection) and notify GP of action taken. A template letter is provided in Appendix 8 to re-refer to HES).
- Send annual written reminders for monitoring appointments (email, text or letter) and chase by phone if appointment is not made or attended. Any continued non-attendance should be communicated to the patient's GP & CCG.
- Inform GP of results of monitoring visit (standard letter format in Appendix 8)

3.6 Staff

In order to participate in the service, optometric practices should employ accredited optometrists (Appendix 5) 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.

Only optometrists who have completed the training and accreditation will be permitted to deliver the Community Optometrist Repeat Measures & OHT/Suspect Monitoring Scheme. The WOPEC style accreditation process is provided jointly by the LOC and BEH.

Assessment is in two parts and will involve:

- Distance learning lectures and questions for which there will be CET points available (approx 3 hours).
- An assessment of practical skills which will be Goldmann applanation tonometry, calibration of a Goldmann tonometer, Van Herick's technique and the use of a Volk lens (approx. 1½ hours). The WOPEC / LOCSU distance learning lectures and questions need to be undertaken and passed **before** the practical assessment is undertaken.

The Optometrist should be able to perform and interpret all of the following, in order to detect change (as recommended by NICE⁵):

- Goldmann applanation tonometry (slit lamp mounted)
- Standard automated perimetry (central thresholding test)
- Central supra-threshold perimetry (this visual field strategy may be used to monitor people with OHT or COAG suspect status when they have normal visual field)
- Slit lamp biomicroscopic examination of the anterior segment
- Van Herick's peripheral anterior chamber depth assessment
- Examination of the posterior segment using slit lamp binocular indirect ophthalmoscopy.

3.8 Interdependence with other services/providers

The Provider (Community Optometrist) will work with other primary and acute based services and health care professionals as appropriate, to ensure an appropriately integrated pathway for Bristol OHT / Glaucoma Suspect patients.

The Provider will work with the HES and the patient's GP to ensure a smooth information sharing flow with respect to patient's progress and involvement.

3.9 Quality and monitoring

The Provider will work with Bristol CCG 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.

⁵ NICE CG85 Glaucoma. April 2009. <http://www.nice.org.uk/Guidance/CG85>

The commissioner will audit the Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Scheme including the following:

- Number of patients seen under each phase of the scheme
- Number of discharges for monitoring made by the HES
- Number of patients requiring referral to hospital eye service (HES)
- Accuracy of completeness of information on referral pro forma
- Patient satisfaction and provider feedback (optometrists and secondary care services) through the 'Friends and Family test' (FFT). The provider must 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>

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.

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
- Outcomes of repeat measures
- Details of patients referred to hospital eye service (HES)

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The Provider will comply with all relevant and appropriate national standards and implemented NICE guidance. In particular NICE guidelines CG85: Glaucoma: 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)

- 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 Optometrist will adhere to the scheme’s process, inclusion and exclusion criteria, as detailed in sections 3.4 and 3.5.
- **Use of NHSmail** – 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 completed follow-up pro forma is posted or emailed, (via NHS email only) to the Bristol CCG address stated on the repeat measures and monitoring reporting/claim form only.

5. Fees

The CCG will pay contract holding practices the following fees:

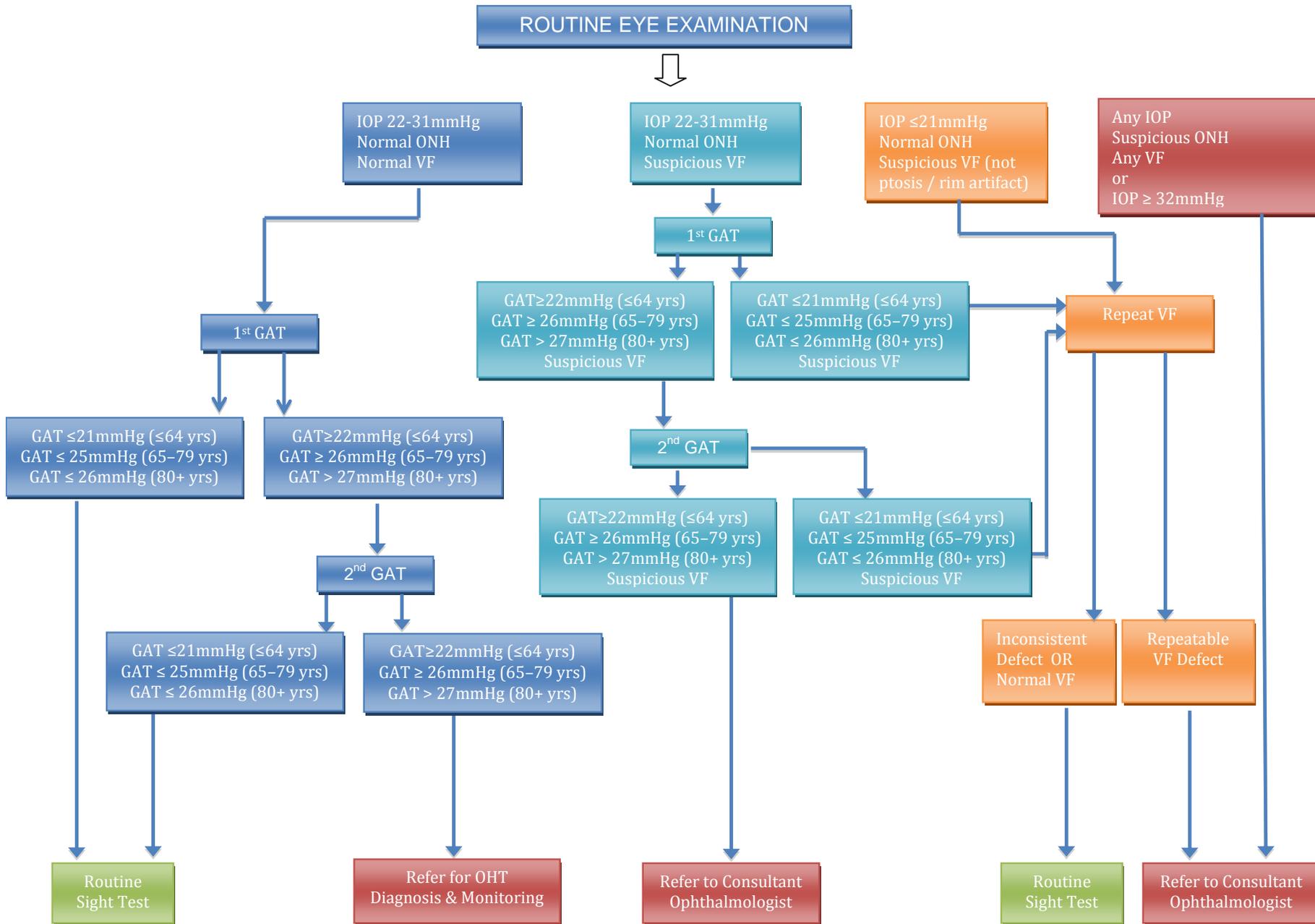
- 1st GAT £12.50
- 2nd GAT £22.50
- Repeat VF £25.00
- Repeat Measures (1c) £50.00
- Monitoring Appointment £50.00

Claims for services provided under this contract must only be made on the repeat measures / monitoring claim form, or any other similar method as agreed between the CCG and Avon LOC.

6. Location of Provider Premises

The Provider’s Premises are located at:

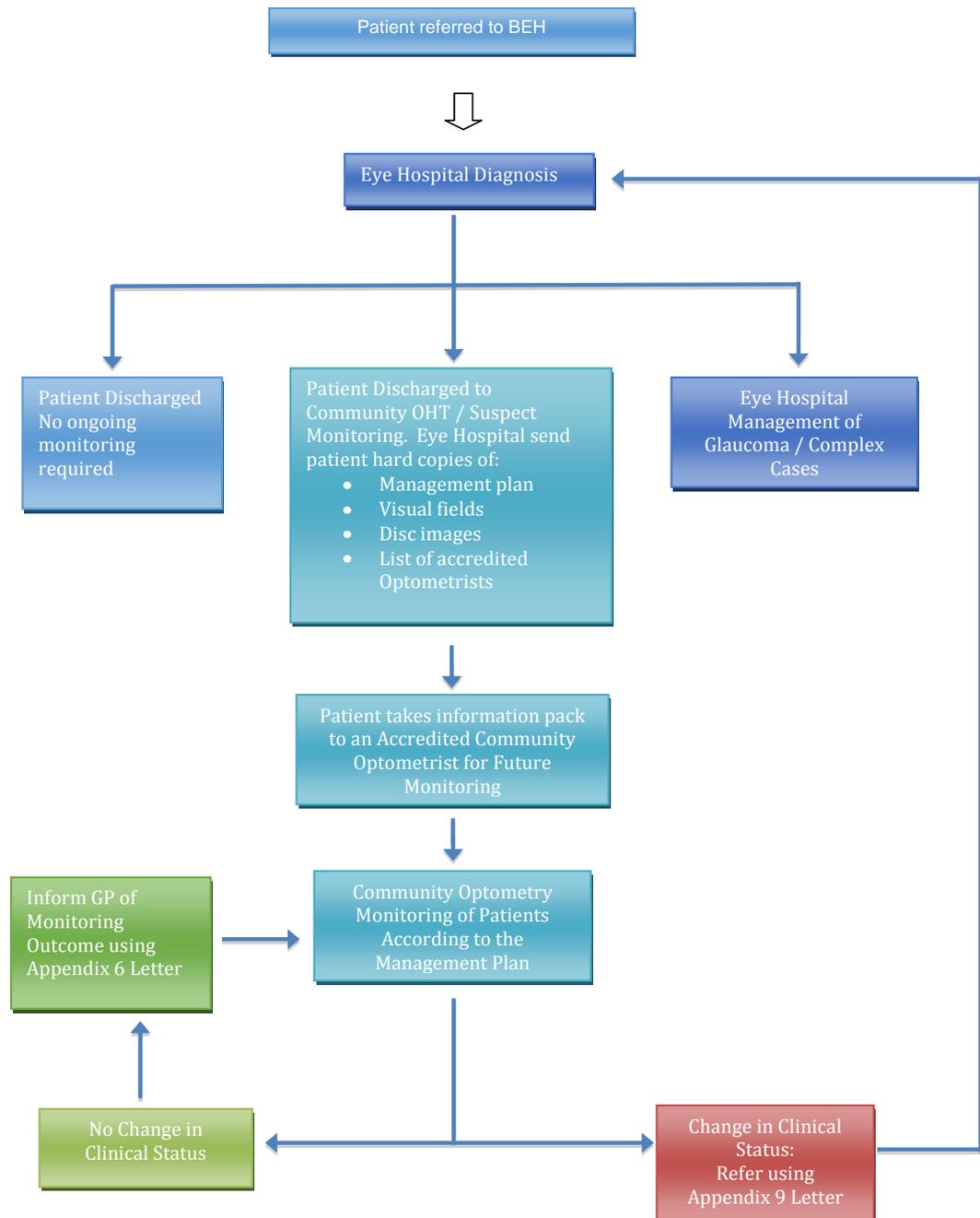
Repeat Measures (IOP & VF) Pathway: first check there are no signs of glaucoma, e.g. suspicious ONH, which require referral



Appendix 1: Phase 1 Glaucoma Repeat Measures Pathway

Appendix 2 - Phase 2 OHT/Suspect Monitoring Pathway

Bristol CCG Community Optometry Pathway: OHT / Glaucoma Suspect Monitoring



Avon LOC Jan 2016

Appendix 3 - Bristol CCG GP 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 4 – Referral & Payment Claim Form

Repeat measures & Monitoring (OHT & glaucoma suspects)

Referral and Payment Claim Form

PAYMENT PROCESS - Claims will be processed monthly and one payment will be issued.

REFERRAL - use this form for referral if hospital eye service is required.

NOTE TO GP - there is no requirement to take action with this other than refer via Choose & Book, adding any relevant medical information as per normal process.

Please ensure this form accompanies referral

Surname:		Other names:	Date of Birth:
	Address:		
Postcode:		Telephone Numbers:	
GP Name:		GP Practice:	
PHASE 1 – REPEAT MEASURES			
THIS PATHWAY IS ONLY FOR PATIENTS REGISTERED WITH BRISTOL CCG GPs WITH NORMAL OPTIC DISCS. If there are disc changes or the patient is registered with a GP from another CCG area please refer to hospital eye services via letter or GOS18 as usual. OPTOMETRISTS MUST BE ACCREDITED TO PARTICIPATE IN THIS SCHEME.			
IOP		Measured in mmHg	

RE										
LE										
Please record CD ratios here			RE		LE					
	Other Information									
	PHASE 2 - MONITORING									
	THIS PATHWAY IS ONLY FOR PATIENTS REGISTERED WITH BRISTOL CCG GPs WHO HAVE OCULAR HYPERTENSION OR SUSPECT GLAUCOMA AND WHO HAVE BEEN ISSUED WITH A MANAGEMENT PLAN FROM THE HES. OPTOMETRISTS MUST BE ACCREDITED TO PARTICIPATE IN THIS SCHEME.									
	OUTCOME								Put an 'X' outcome option	
	No change in clinical status. Next appointment as per protocol.									
	Change in clinical status. Patient referred back to HES									
	FEES									
PHASE 1a (part 1) Repeat IOP with Goldmann £12.50 <input type="checkbox"/>								Practice stamp/address		
PHASE 1a (part 2) Repeat IOP on separate occasion with Goldmann Applanation Tonometer £22.50 <input type="checkbox"/>										

<p>PHASE 1b</p> <p>Repeat visual fields on separate occasion</p> <p>£25.00 <input type="checkbox"/></p>		<p>I confirm I have conducted the above tests in accordance with the protocol. I understand that the Clinical Commissioning Group (CCG) will monitor all referrals and may from time to time ask to see the records of patients examined under the scheme.</p> <p>Optometrist's Signature:</p> <p>Print name</p>
<p>PHASE 1c (patients from a non-accredited PRACTICE seen at the request of the CCG)</p> <p>Goldmann applanation tonometry, visual fields, dilated examination of the disc and Van Herick's test</p> <p>£50.00 <input type="checkbox"/></p>		
<p>PHASE 2</p> <p>OHT / Glaucoma Suspect Monitoring</p> <p>£50.00 <input type="checkbox"/></p>		<p>FEE CLAIMED</p> <p>£</p>

Patient's declaration and consent

I confirm I have undergone repeat pressure and/or field measures OR, had a monitoring appointment as per my HES issued management plan.

I consent to the results of these tests being collected for the purpose of audit and ensuring best practice amongst optometrists.

Patient's signature

Date

PATIENT OUTCOME Put an 'X' outcome option

Patient does not need referral

Patient needs referral

Post this form to Bristol CCG: Jonathan Nichols, Bristol CCG Finance Team, South Plaza,

Post this form to Bristol CCG: Jonathan Nichols, Bristol CCG Finance Team, South Plaza, Marlborough Street,

Marlborough Street, Bristol BS1 3NX

or email to: (only from an NHS.net account)

ceff.nca-bccg@nhs.net

Bristol BS1 3NX

or email to: (only from an NHS.net account)

ceff.nca-bccg@nhs.net

ALSO

Post/fax this form to patient's GP with standard covering letter (supplied)

Appendix 6 - Referral Letter to GP following community repeat measures

Practice Name

Address

Telephone

Email

GP Name

GP Address

Date

Dear Dr

Re: Patient Name, date of birth:

Patient Address

Following assessment in the Bristol CCG Community Glaucoma Repeat Measures Scheme, the findings indicate referral to a Hospital Glaucoma Clinic for further assessment.

Your patient was found to have:

Elevated Intraocular Pressure by Goldmann applanation tonometry

or

Repeatable visual field defect suggestive of glaucoma

(Delete as appropriate)

Please ensure a copy of the enclosed repeat measures reporting form accompanies your referral.

Thank you very much for arranging this referral.

Yours sincerely,

Accredited Optometrist Name

Appendix 7 - Letter to GP to request management plan

Practice Name

Address

Telephone

Email

GP Name

GP Address

Date

Dear Dr

Re: Patient Name, date of birth:

Patient Address

The above patient has recently been discharged from the Bristol Eye Hospital Glaucoma Service and has asked me to continue their care under the Bristol CCG Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Service.

I would be grateful if you could forward a copy of their management plan so I can continue their care.

Yours sincerely,

Accredited Optometrist Name

Appendix 8 - Letter to GP “No change in clinical status”

Practice Name

Address

Telephone

Email

GP Name

GP Address

Date

Dear Dr

Re: Patient Name, date of birth:

Patient Address

I have examined the above patient under the Bristol CCG Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Service.

I find there is no change in clinical status.

I will arrange to review in one year.

Please continue to prescribe the medication detailed in the Bristol Eye Hospital Glaucoma Service management plan dated: xx/xx/xxxx.

(NB. Delete the above paragraph if the patient has not been prescribed ongoing medication by Bristol Eye Hospital Glaucoma Service.)

Yours sincerely,

Accredited Optometrist Name

Appendix 9 - Letter to Eye Hospital “change in clinical status”

Practice Name

Address

Telephone

Email

Date

Glaucoma Bookings Team,
Medical Records Department,
Bristol Eye Hospital,
Lower Maudlin St,
Bristol,
BS1 2LX

Re-referral for patient in the Bristol OHT/suspect monitoring scheme.

Dear Glaucoma Bookings Team,

Re: Patient Name, date of birth:

Patient Address

BEH Number: T

I have examined the above patient under the Bristol CCG Glaucoma Repeat Measures and Community Optometrist OHT/Suspect Monitoring Service.

I find there is the following change in clinical status: (enter details)

Please send the patient an appointment in the New Patient Glaucoma Clinic.

Yours sincerely,

Accredited Optometrist Name

Copy to: GP Name; GP Address

Appendix 10 – Patient Leaflet**Understanding Raised Eye Pressure****Understanding raised eye pressure / intraocular pressure (IOP)**

Intraocular pressure (IOP) is the level of fluid pressure inside your eye. Your eye constantly makes fluid and drains it. This fluid helps your eye function normally. To ensure a balance between the amount of fluid that is made and fluid that is drained, pressure in the eye is required. Raised eye pressure can occur when the eye's drainage becomes clogged.

Raised eye pressure usually does not hurt. You usually can't see or feel the pressure in your eye. Only an eye specialist can do a test to measure eye pressure. That is why regular sight tests are so important.

On a daily basis your eye pressure can increase or decrease due to exercise, stress, fluid consumption and even caffeine. If you have raised eye pressure you have a slightly higher risk of developing glaucoma in the future. Your optometrist* will be able to let you know how often you need to have your sight tested.

How often should I have a sight test?

Most people should go for a sight test once every two years.

It is important that you continue to have regular sight tests so that your optometrist* can distinguish between raised eye pressure and glaucoma. If you have raised eye pressure, diabetes or a family history of eye disease, such as glaucoma, you may need a sight test more frequently. Speak to your optometrist* for individual advice.

If you have an increased risk of glaucoma your examination should also include assessment of the optic nerve head and central visual field assessment. If your optic nerve and visual fields are normal, and your eye pressure is confirmed as less than 22 mmHg then your optometrist has been asked to monitor your eye health at the appropriate intervals in the community.

You can be reassured that with the information your optometrist has gathered during your sight test, there is currently no need for you to be referred to the Hospital Eye Services.

Am I eligible for free sight tests?

In England you qualify for a free NHS sight test if you are:

- Aged under 16
- Aged 16 - 18 in full-time education
- Aged 60 or over
- Diagnosed with diabetes/glaucoma
- Considered at risk of glaucoma (as advised by an ophthalmologist)
- Aged 40 or over and the parent, brother, sister, son or daughter of a person diagnosed with glaucoma
- Registered blind or partially sighted
- Eligible for an NHS Complex Lens Voucher (your optician will advise on your entitlement)
- Claiming Benefit - Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, Pension Credit Guarantee Credit). If you are receiving Tax Credits you may also be entitled to an NHS sight test.
- On a low income and named on a valid HC2 (full help) or HC3 (partial help) certificate

What questions should I ask my optometrist*?

- Is my eye pressure normal?
- Is my optic nerve healthy?
- I don't feel any symptoms, but do you see any indication of vision loss?
- How often should I have follow-up examinations?

If you would like to make a comment or complaint about our service, you can contact the Patient Advice and Liaison Service (PALS).

Tel: 0117 947 4477 or 0800 073 0907

Email: sarah.jenkins@swcsu.nhs.uk

*Optometrists are trained professionals who examine eyes; test sight; give advice on visual problems; and prescribe and dispense spectacles or contact lenses

