

<b>Service Specification No.</b>	<b>Optom 1.4</b>
<b>Service</b>	Community Optometry Treatment Services – Contact Applanation Tonometry Service (CATS)
<b>Commissioner Lead</b>	Debbie Stovin, Commissioning Manager – Elective Care
<b>Provider Lead</b>	To be determined
<b>Period</b>	1 <sup>st</sup> April 2019 to March 2022
<b>Date of Review</b>	March 2021

## 1. Population Needs

*For the purpose of this document the following definitions will apply throughout the document:*  
*Contractor – Holder of the contract with SCCG*  
*Provider – owner of the premises where the service will be delivered - the sub-contractor*  
*Practitioner – the individual healthcare professional who will undertake the work*

### 1.1 National/local context and evidence base

NICE guideline NG81 (Diagnosis and management of chronic open angle glaucoma and ocular hypertension) issued 22 April 2009, sets out how best to diagnose chronic open angle glaucoma (COAG) and ocular hypertension (OHT), how people with COAG and OHT, or at risk of COAG, should be monitored, and which treatments should be considered.

The majority of Community Optometrists measure intra-ocular pressure (IOP) using a non contact tonometer (NCT). This method of measurement is considered by NICE to be inaccurate compared with the gold standard method, the Goldmann Applanation Tonometer (GAT).

The use of contact applanation tonometry is not a requirement of the General Optometric Services (GOS) sight test, nor is it funded. It is however a 'core competency' that all optometry providers should be able to perform. OHT is defined by NICE guidelines as repeatable IOP over 23 mmHg as measured by Goldmann applanation tonometry.

By defining the criteria and procedures for diagnosis, NICE have, by implication, created a referral threshold. Previously the threshold for OHT was set by local ophthalmologists and in many cases was around 25 mmHg. The lowering of the effective threshold has increased the referrals by Community Optometrists who measure IOP's using NCT methods. Referral numbers have therefore increased not only for patients with genuine IOP over 23mmHg, but also for those with unverified raised IOP.

The current Contact Applanation Tonometry Service (CATS) has been successful in reducing the number of referrals from optometrists to secondary care. During 2017/18 Providers of CATS for their own patients treated and discharged 55% saving referrals to secondary care. In addition the PEARS service practitioners have also provided glaucoma referral refinement for those patients who met the criteria through the triage service/ Single Point of Contact (SPA) which includes repeating an IOP reading.

Currently this service is delivered from 32 Provider premises equating to approximately 45.7% coverage across the city.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term</b>	

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

## 2.2 Local defined outcomes

<b>Outcome</b>	<b>Demonstrated by</b>
Patient care closer to home	Community based service at multiple locations across the city
Treatment in the community	Eye conditions assessed and treated in the community
Improved patient choice	Provision by local optometrists at scale across Sheffield providing equality of access with more flexible appointment times and weekend availability.
Reduction in referrals to secondary care	Patients assessed and treated in the community where appropriate
A cost effective service model which delivers value for money	Patients are seen promptly and smaller percentages are referred to secondary care.

## 3. Scope

### 3.1 Aims and objectives of service

- Reduce unnecessary referrals to secondary care by re-assessing results from non-Contact Applanation Tonometry that are above the NICE threshold for referral.
- Retain as a minimum 45% coverage of Providers across the city.

### 3.2 Service description/care pathway

This service only operates where the optic nerve and visual fields are found to be normal. Patients with suspicious optic nerve or visual field should be referred to secondary care.

The service is to be delivered by Providers with the approved equipment for undertaking contact tonometry. Measurement with either Goldmann Applanation Tonometer or Perkins handheld tonometer is acceptable.

Providers participating in the CATS Service will see and recheck IOP in patients attending the practice for a private or GOS eye test.

Patients who require referral to secondary care should be referred directly to secondary care. Providers should make clear on the referral that the patient has been seen under CATS.

Clinicians should implement an evidence-based approach to the assessment, diagnosis and management of patients.

Clear protocols for the management of patients assessed and treated under CATS have been devised in Co-operation with representatives from Sheffield Local Optometric Committee (LOC).

Following assessment, the Provider will complete an on line report containing details of outcomes and referral to secondary care where applicable. Each attendance will be recorded separately using the same unique patient identifier.

All patients will be provided with an appropriate recall.

### **3.3 Population covered**

The service will be provided for patients over the age of 4 years who are registered with a Sheffield General Practitioner (GP).

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

- Thresholds for treatment under this scheme are set out in point 1.1
- The participating optometrist will only see and treat their registered patients.

#### **Exclusion Criteria**

- Patient is not registered with a Sheffield GP.
- Abusive, violent, or threatening patients without security escort. A violent patient is defined as someone who has threatened or committed violence or verbal abuse leading to fear for a person's safety
- Any patient who has previously been refused treatment by a member of the limited company contracting with NHS Sheffield Clinical Commissioning Group (CCG) due to a breakdown of the patient/Provider clinical relationship.
- Patients barred from NHS services
- Patients who have a medical contraindication to the clinical services
- Patients who are medically unfit to undergo the clinical services

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

Partnership working with other community and hospital based professionals to include:

- Ophthalmologists in secondary care.
- Community Pharmacists in line with Minor Ailments Scheme (MAS) arrangements and associated formulary set out in Appendix B
- Any other appropriate service

## **4. Applicable Service Standards**

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

NICE guideline NG81 - Glaucoma: Diagnosis and management (Nov 17)

<https://www.nice.org.uk/guidance/ng81>

NICE Quality Standard QS7 Glaucoma in adults (Updated Nov 17)

<https://www.nice.org.uk/guidance/qs7>

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

### **4.3 Applicable local standards**

The Contractor will remain responsible for managing sub-contractors and the ongoing quality assurance of the contract. The Contractors will ensure appropriate mentoring and clinical governance arrangements are in place as well as managing the administrative elements of the service including but not limited to invoice management, contract performance monitoring and reporting and audit. The contractual relationship and responsibility for delivering the whole service as laid out within this specification remains with the Contractor. The CCG will continue to seek quality assurance and performance manage provision against the service specifications.

The Contractor will be required to demonstrate they have appropriate procedures in place to ensure Providers have safe recruitment procedures in place which includes enhanced DBS clearance

#### Skills & Competencies

The Contractor must evidence that any practitioners used are appropriately qualified and must ensure that all parts of the service covered by this specification are carried out by practitioners who are GOC registered Optometrists and have the core competencies as defined by the GOC. Practitioners must also be on the NHS England performers list for community optometry.

The Contractor will be responsible for ensuring that practitioners keep their knowledge and skills up to date.

The Contractor will receive an annual report from all Providers of the training provided for non-clinical staff. Where appropriate, training should be organised in-house to refresh protocols. The Contractor will be pivotal in gathering and addressing the training needs of practitioners in line with the requirements of the specification.

#### Equipment

It is the responsibility of the Contractor to ensure and document that their Providers have the required equipment in place that it is in working order, appropriately maintained and available for inspection if required:

- Goldmann Applanation Tonometer (GAT).

#### Secure electronic transfer of patient identifiable data

- All Providers will be provided with a generic NHS mailbox (currently facilitated by SCCG),
- Information and referrals will be passed to Providers via the mailbox,
- Providers must check the mailbox no less than twice in a working week,
- Access to the mailbox is for approved staff members only,
- All approved staff members must have an NHS Net email account,
- Providers will inform Sheffield CCG of staff requiring access to the mailbox,
- These will be added to the list of people allowed to access the mailbox,
- The list should have no less than one Practitioner ,
- Providers will inform the CCG of staff leaving their employment within one working week of notice being given, setting out the date the staff member will leave,
- The staff member will be removed from the mailbox by SCCG.

#### On-Line Reporting System

- Users provide an email address that is used as a unique identifier to log in to a purpose built web based reporting system,
- It is the 'users' responsibility to manage the user name/password to the system,
- The email address can also be used to send a link on how to reset the password,
- The reporting system is managed by SCCG,
- The Contractor and Providers will have designated access to the system,
- NO patient identifiable information is permitted to be entered onto the system,
- The system will auto generate a patient reference,
- Reporting of interventions for each service will be via the database,
- Performance requirements of the contract will be reported to the CCG from the database,

The Contractor is expected to recognise the drive towards the NHS paperless referral process and work towards creating an electronic referral and booking system with Providers that is compatible with systems used in the local Trusts i.e. Sheffield Teaching Hospitals NHS FT (STH) and Sheffield Children's Hospital NHS FT (SCH).

## **5. Location of Provider Premises**

The scheme includes patients registered with a Sheffield GP, but living outside the Sheffield boundary. Providers with premises on the Sheffield border may only treat these patients and therefore must check GP registration.