

Service Specification No.	Optom 1.3
Service	Community Optometry Treatment Services – Glaucoma Referral Refinement (GRR)
Commissioner Lead	Debbie Stovin, Commissioning Manager – Elective Care
Provider Lead	To be determined
Period	1 st April 2019 to March 2022
Date of Review	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

The demand for eye care is set to increase as the population ages which will result in a rise in costs and the need for more efficient and effective services to be provided. Some estimates suggest that upwards of 20% of out-patient ophthalmology referrals could be treated in the community. Nationally referrals to secondary care for patients with suspected glaucoma result in a 40% false positive rate. This is a source of unnecessary patient anxiety and cost to the NHS.

The service outlined in this specification addresses the requirement to reduce unnecessary referrals to secondary care.

The current Glaucoma Referral Refinement (GRR) service has been successful in reducing the number of referrals from optometrists to secondary care. During 2017/18 Providers of the GRR service for their own patients treated and discharged 46% saving referrals to secondary care and 21% were referred onto the glaucoma unit. 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). The GRR Service provision via SPA is now one of the triage outcomes.

Currently this service is delivered from 23 Provider premises equating to approximately 33% coverage across the city.

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

Outcome	Demonstrated by
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

- To provide a more accessible pathway for the public to be screened for glaucoma and reducing patient anxiety.
- To reduce unnecessary referrals to secondary care by enhancing the detection rate.
- Improve reporting of suspected glaucoma
- Provision of high quality standardised referral pathway, with associated standardised reporting of data to secondary care replacing the need to collect this at the first hospital attendance.
- Retain as a minimum 23 / 33% coverage of Providers across the city.

3.2 Service description/care pathway

There are 2 pathways to access the GRR service in line with the inclusion criteria outlined within this specification (refer 3.4), those being:

(i) GRR Optometrist Self-Referral

In some circumstances a patient may present to an optometrist with an eye condition that meets the criteria for GRR.

The specification will cover the re-examination of all, and only, suspect glaucoma patients as defined by the results of a routine optometric examination which would have resulted in referral by the examiner to secondary care.

It will also cover follow up examinations as deemed necessary following the initial re-evaluation up to a maximum of 1 appointment at which stage the examiner will either refer the patient to secondary care or the patient will be 'discharged' to routine General Optometric Services (GOS) examination follow up.

In these cases the GRR optometrist will record the contact as a 'GRR optometrist self-referral - routine'.

(ii) Referral from a non-GRR optometrist

All qualified optometrists will send referral forms GOS18 to the Single Point of Access (SPA) for triage by a PEARS Optometrist. NB. The Triage Service is covered under a separate Service Specification. SPA is provided by the Sheffield Teaching Hospitals NHS FT (STH).

Referrals received by the SPA will be sent to the triaging Provider - and outcomes returned within 24 hours.

There are 4 triage outcomes:

- Referral to secondary care – SPA will offer choice
- Referral to the patient's GP where appropriate
- Referral to an accredited PEARS Provider - SPA will offer choice
- Referral to a Glaucoma Referral Refinement (GRR) Provider – SPA will offer choice

Clinically Inappropriate referrals

- Patient is under 4 years old
- Cataracts – direct referral to secondary care
- Glaucoma – direct referral to secondary care
- Diabetic retinopathy – separate screening system
- Severe (requiring surgery) Ectropion, Entropion, Chalazion
- Ocular emergencies including:
 - Blunt/sharp trauma
 - Post-operative infection
 - Severe pain especially with associated vision loss

Poor Quality Referrals – Information omitted/illegible

- Full patient details including NHS number where known
- Contact details of referrer and patient's GP (if different)
- Nature and duration of symptoms, suspected diagnosis if applicable and treatment/management to date
- Reason for referral

Should the patient require onward referral to secondary care, the Provider will refer directly, not via SPA.

Patient Contact

The GRR optometrist will upon receipt of a referral make contact with the patient as follows:

Routine Referrals:

Within 1 week (initially by phone followed by letter if no contact made by phone)

Patient to be seen within 28 days

Urgent Referrals:

Same day contact (by phone followed by 1st class letter if no contact made by phone)

Patient to be seen within 1 week

Do Not Attend (DNA's) / No contact

Should a patient not attend an appointment, or no contact can be made with the patient, the Provider should notify the originating referrer i.e. SPA or patients GP. Prior to reporting this, the Provider should attempt to contact the patient at least once by phone and once by post which should be documented (within the timescales detailed above).

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

The Provider will see and treat their registered patients or patients referred via the SPA/Triage pathway.

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 the Optometrist named in this agreement due to a breakdown of the patient/Optometrist 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.
- Non-GRR Providers referring patients via the SPA whom triaged as requiring GRR.
- 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>

NICE Glaucoma pathway <https://pathways.nice.org.uk/pathways/glaucoma>

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:

The results of specific tests are measured against specific referral protocols.

- Applanation tonometry (Goldmann or Perkins)
- Supra-threshold visual fields (Humphrey, Henson, Dicon)
- Binocular indirect ONH assessment under mydriasis
- Assessment of anterior chamber angle (Van-Herrick)
- Volk lens

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.

