NHS
Somerset

Service Specification No:	1 v5
Service:	Acute Community Eyecare Service (ACES)
Commissioner Lead:	Somerset ICB
Provider Lead:	As authorised signatory
Period:	01 April 2024 – 31 March 2025
Date of Review:	May 2024

1. Population Needs

1.1 National / local context and evidence base

1.1.1 Sight loss is a major health issue, affecting about 2 million people in the United Kingdom and by 2020 this number is predicted to increase by 22% and will double to almost 4 million people by 2050.

1.1.2 The World Health Organisation's Vision 2020 programme, to eliminate preventable sight loss by 2020, is supported in the United Kingdom by the UK Vision Strategy. The Department of Health is committed to supporting the strategy aims to:

- improve the eye health of the people of the UK
- eliminate avoidable sight loss and deliver excellent support to those with a visual impairment
- enhance the inclusion, participation and independence of blind and partially sighted people

1.1.3 The service manages many acute conditions within primary care, such as red eye unresponsive to treatment, the removal of foreign bodies and investigations into flashes and floaters. ACES supports GP's who typically have limited equipment and expertise to differentially diagnose between acute eye conditions.

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** Access to the ACES service aims to improve health and reduce inequalities by providing increased access to acute eye care in the community.	✓
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	✓
Domain 4	**Ensuring people have a positive experience of care**	✓

	Access to eye care for the acute conditions described in this service specification will enable more patients to receive treatment closer to their home and reduce the number of unnecessary referrals from primary care to secondary care. The Provider will participate as required in an annual patient survey by engaging patients in the completion of a patient questionnaire to be provided by Somerset ICB.	
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm.** The Provider will meet the requirements of the Somerset ICB's Clinical Governance Scheme, which requires the provider to meet Levels 1, 2 and 3 of the Quality in Optometry Scheme within 6 months of the date of commencement of the Contract.	✓

2.2 Local defined outcomes

Not Applicable

3. Scope

3.1 Aims and objectives of service

3.1.1 The service aims to improve health and reduce inequalities by providing increased access to acute eye care in the community.

3.1.2 Access to eye care for the acute conditions described in paragraph 3.2, will enable more patients to receive treatment closer to their homes.

3.1.3 The service is expected to reduce the number of unnecessary referrals from primary care to secondary care, supported by the provision of more accurate referral information.

3.1.4 The knowledge and skills of community ophthalmic practitioners will be better utilised.

3.1.5 Relationships between ophthalmic practitioners, GPs and Somerset Integrated Care Board (ICB) will be further developed.

3.2 Service description/care pathway

3.2.1 The service provides for the assessment, treatment and management of a number of acute eye care conditions in the community. This relates to patients presenting with recent and significant changes or the onset of such changes which are any of the following:

- Sudden or recent reduction in vision in one or both eyes
- Red eye(s)
- Pain and/or discomfort in the eyes, around the eye area or temples
- Flashes and/or recent floaters
- Mild trauma

- Suspected foreign body
- Recent onset of double vision
- Significant recent discharge or watering of the eye

3.2.2 The service is accessed by patients direct from the local ophthalmic practitioner, either by:
- Self-referral to the service via local signposting ("self-referral")
- Attending a GP who recommends attendance and treatment ("GP referral")

3.2.3 The service is provided by local ophthalmic practitioners who have a range of equipment to facilitate detailed examination of the eye, as well as the specialist knowledge and skill.

3.2.4 On receipt of a referral (including a self-referral), the ophthalmic practitioner or other responsible person, shall arrange for the assessment and, where appropriate, treatment of the patient within 24 hours of such referral – see also sections 3.2.32-3.2.44 – Referral and Patient Pathway, below.

Procedures

3.2.5 Such procedures shall be undertaken by the Provider as deemed clinically necessary by the relevant ophthalmic practitioner after assessment of the patient, including a bilateral baseline assessment incorporating:
- History and symptoms
- Distance Visual Acuity
- Examination of the anterior segment with Slit Lamp Biomicroscopy
- Pupil reactions, both afferent and efferent

3.2.6 All tests undertaken and results obtained must be recorded on the Optometric Patient Record Card, even if the results are normal.

3.2.7 Any drugs or staining agents used during the examination, or prescribed, must be recorded on the Optometric Patient Record Card.

3.2.8 All advice given to the patient (verbal or written) must be recorded on the Optometric Patient Record Card.

3.2.9 All detailed retinal examinations shall be undertaken under mydriasis using either 0.5% or 1.0% Topicamide from a single dose unpreserved unit (Minim) unless this is contraindicated. The reason for not dilating must be recorded on the Optometric Patient Record Card.

3.2.10 Further assessment, dependent on symptoms, may include:
- Slit Lamp Biomicroscopy with Volk with mydriasis
- Pinhole vision
- Near Visual Acuity
- Amsler chart assessment
- IOP measurement
- Visual fields

- Use of diagnostic drugs/staining agents
- Ocular Motility
- Binocular vision status
- Any other appropriate test

Specific Procedures

The following procedures must be undertaken when a patient presents with:

3.2.11 Sudden onset or increase of flashing lights and/or floaters, cobwebs in the vision, loss of area of vision or any other symptoms suggestive of Posterior Vitreous Detachment, Retinal Tear or Retinal Detachment:

- Slit Lamp Biomicroscopy of the anterior segment, anterior vitreous, central and peripheral fundi
- Bilateral dilated volk lens examination of each fundus, not just the eye with symptoms unless there is a significant clinical reason why examination of the other eye should not be undertaken and the reason is recorded on the *Optometric Patient Record Card.*
- intra ocular pressures
- the *Optometric Patient Record Card* must clearly state the presence or absence of 'tobacco dust'
- the *Optometric Patient Record Card* must clearly state the presence or absence of 'weiss ring' or posterior vitreous detachment

3.2.12 Red eyes/sore eyes:

- general external examination using pen torch
- Slit Lamp Biomicroscopy of the lids, lashes, bulbar and palpebral conjunctivae, cornea, iris and anterior chamber
- intra ocular pressures – not essential in patients under thirty five (35) years of age unless clinically indicated
- staining agents must be used unless contraindicated
- differential diagnosis of the red eye is essential including bacterial, viral, allergic, scleritis and episcleritis

3.2.13 Symptoms of acute glaucoma:

- intra ocular pressures
- assessment of the anterior chamber depth and the cornea for oedema, iris bombe

Note: Patients with chronic simple glaucoma or normal tension glaucoma are not expected to present to this acute community eye care service.

3.2.14 Corneal/conjunctival foreign body:

- the nature of the foreign body shall be recorded, if identifiable
- upper and lower lid eversion must be performed to rule out embedded particle in tarsal conjunctiva; double eversion of the upper lids may be required
- any use of a 'burr' to clean up the rust ring area must be recorded
- the method of removal must be recorded; for example, PVA spear or 23g disposable needle

3.2.15 Reduction in vision - any reported reduction in vision where macula changes are suspected must include:

- Slit Lamp Biomicroscopy
- Volk lens assessment of the maculae of both eyes
- Amsler chart assessment

3.2.16 Symptoms suggestive of Temporal Arteritis:

Patients presenting with symptoms suggestive of Temporal Arteritis shall be referred immediately to either the patient's GP or to the hospital eye service, depending on the severity and duration of the symptoms.

3.2.17 Symptoms suggestive of Stroke:

Patients presenting with symptoms suggestive of Stroke (neurological or vascular) shall be advised to contact their GP urgently.

Equipment

3.2.18 The Provider shall have the following equipment:

- Major table mounted Slit lamp
- Tonometer
- Threshold field equipment to produce a printed field plot
- Ophthalmoscope
- Amsler charts
- Epilation equipment
- Diagnostic drugs (mydriatics, stains, local anaesthetics etc)
- Volk lens
- Equipment to remove foreign bodies

Medication

3.2.19 Ophthalmic practitioners may use the range of medications allowed by virtue of their registration with the General Ophthalmic Council.

3.2.20 The prescribing of medications shall be made in accordance with Somerset ICB Prescribing Formulary and Self-Care Agenda. See the Particulars of NHS Standard Contract for further information.

3.2.21 Where a patient requires medication following discharge or prior to follow-up, all available options to obtain shall be advised.

Accreditation – Education and Training

3.2.22 The Provider and all ophthalmic practitioners employed or engaged by the Provider in respect of the provision of the enhanced services shall satisfy the accreditation criteria detailed in this section.

3.2.23 Ophthalmic practitioners will be required to undertake annual self-assessment against those General Optical Council Core Skills and Competencies, needed to undertake the clinical procedures set out in this service specification and provide Somerset ICB with the self-assessment outcome together with an action plan detailing how any competencies not met, will be achieved.

3.2.24 Ophthalmic practitioners will be required to attend Somerset ICB approved educational sessions primarily to cover the clinical procedures and protocols involved in providing the enhanced services.

The educational sessions will cover:

- An introduction to the service
- Administration of the service, including protocols, processes and paperwork
- Differential diagnosis and treatment of acute eye conditions
- Foreign body removal
- Volk skills
- Urgency criteria for referral to acute care, based on clinical competence

3.2.25 Ophthalmic practitioners will be required to complete the educational sessions in paragraphs 3.2.23 and 3.2.24 above every 3 years.

3.2.26 Ophthalmic practitioners will be required to complete approved Volk skills and foreign body removal educational sessions within the first 12 months of the ophthalmic practitioner's ACES 3 year educational period.

3.2.27 Ophthalmic practitioners who have not undertaken Volk lens fundal examination or removal of foreign bodies in the last 12 months must undertake refresher training before providing the service.

3.2.28 Ophthalmic practitioners will also be required to participate annually in a Somerset ICB approved peer review session.

3.2.29 Education and training sessions will be provided as necessary to accommodate the Provider and any ophthalmic practitioners wishing to participate in the service at a later stage.

3.2.30 Somerset ICB will provide GPs and optometric practices with a regularly updated list of providers providing the acute community eye care service.

3.2.31 The Provider shall be responsible for ensuring that all persons employed or engaged by the provider in respect of the provision of the services under the Contract, are aware of the administrative requirements of the service and have read and understood the service specification.

Referrals and patient pathway

3.2.32 All patients shall refer themselves to the Provider at the practice premises. Where the patient's GP believes that they require an assessment and/or treatment as provided under the services, the GP shall make a GP referral and

provide the patient with a standard referral letter in the form provided by Somerset ICB.

3.2.33 Somerset ICB will request GPs to provide an up to date patient information leaflet to each patient requiring an assessment and/or treatment as provided under the services, describing the service and including a list of Providers. The leaflet will be provided by Somerset ICB.

3.2.34 Patients who have not been subject to a GP referral shall receive the leaflet from the Provider on their arrival at the practice premises.

3.2.35 Patients shall make a mutually convenient appointment with the Provider, and shall be encouraged to telephone the practice premises.

3.2.36 If the Provider is unable to provide for the assessment and where appropriate, the treatment of the patient within the timescale described in paragraph 3.2.3, the Provider, ophthalmic practitioner or other responsible person shall direct the patient to an alternative provider of the services, by way of the list of Providers supplied by Somerset ICB. Where the patient has been refused the service whilst at the practice premises, the Provider, ophthalmic practitioner or other responsible person shall seek to secure an alternative provider of the services on behalf of the patient.

3.2.37 The ophthalmic practitioner shall seek written consent from the patient or, in the case of a child from the legal guardian, to the assessment and, where appropriate, treatment. For the purposes of this paragraph, "written consent" shall mean the recording of consent obtained on the patient’s Optometric Patient Record Card. Where the Optometric Patient Record Card records "consent obtained", Somerset ICB will interpret this as meaning that the patient has been fully informed of the treatment options and the treatment proposed, has been offered written information as appropriate and has given consent.

3.2.38 If urgent onward referral to hospital eye services is required the ophthalmic practitioner shall advise the relevant hospital eye service by telephone and email (where possible), and a copy of the Optometric Patient Record Card shall be given to the patient to present on attendance.

3.2.39 Where a sight test/routine eye examination is required, the Provider, ophthalmic practitioner or other responsible person shall direct the patient to their usual community optometrist. A copy of the patient's Optometric Patient Record Card shall be emailed (where possible) or posted to such community optometrist within twenty four (24) hours or given to the patient to present on attendance.

3.2.40 The Provider, ophthalmic practitioner or other responsible person shall provide the patient with a paper copy of their Optometric Patient Record Card, if requested.

3.2.41 The Provider, ophthalmic practitioner or other responsible person shall send a copy of each patient's Optometric Patient Record Card to the patient's GP,

where a prescription is required, immediately by email, otherwise by email or by post within twenty four hours.

3.2.42 The Provider shall provide all appropriate clinical advice and guidance to the patient in respect of the management of the presenting condition.

3.2.43 Where appropriate, the Provider, ophthalmic practitioner or other responsible person shall provide the patient with a flashes and floaters leaflet provided by Somerset ICB.

3.2.44 A flowchart of the patient pathway is attached as Appendix 1.

Follow-up Process

3.2.45 Treatments shall not routinely attract a follow-up appointment. All follow-up appointments must be clinically justified.

3.3 Population covered

3.3.1 The service is available to all persons registered with a GP practice located within the geographical area of Somerset ICB (ICB) and to all military personnel serving at RNAS Yeovilton and 40 Commando Taunton.

3.3.2 Patients registered with a NEW Devon GP practice located close to or within the boundary of Somerset ICB geographical area, may also be seen within the Service.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 The service is accessed by patients direct from the local ophthalmic practitioner, either by:

- Self-referral to the service via local signposting (“self-referral”)
- Attending a GP who recommends attendance and treatment (“GP referral”)

3.4.2 The Provider will ensure that the patient is eligible by confirming that s/he is registered as in 3.3.1 – 3.3.2 above and record the name and address of the GP practice with which the patient is registered on the patient’s optometric patient record card. The Provider will also satisfy itself that the assessment and/or treatment is necessary.

3.4.3 The Provider shall request the patient to sign their optometric patient record card to confirm receipt of the service.

3.4.4 The Provider will accept all recent referrals for acute conditions developing in the past 7 days, subject to paragraphs 3.4.5 and 3.4.6.

3.4.5 The Provider will accept all recent referrals for flashes and floaters, regardless of time of onset.

3.4.6 The Provider will accept referrals for eligible patients whose symptoms exceed 7 days, when requested by a general practitioner or other medical practitioner.

3.4.7 In assessing a patient's eligibility for ACES, the Provider, ophthalmic practitioner or other responsible person, shall have regard to the 'Guide for Front of House Staff' – see Appendix 2.

3.4.8 An ophthalmic practitioner, or other person employed or engaged by the Provider in respect of the provision of the services under the Contract may refuse to provide the service if an ophthalmic practitioner is unavailable to provide the service within the timescale provided in paragraph 3.4.4.

Symptoms at presentation not included in the service

3.4.9 The following conditions require the patient to attend an ophthalmic hospital (which includes an ophthalmic department of a hospital) casualty or accident and emergency department (hospital eye services):

- Sudden loss of vision
- Very significant eye pain
- Significant trauma
- Chemical burns

3.4.10 The treatment of long term chronic conditions is not included within the service.

3.4.11 Patients accepted in accordance with the service specification but who, on examination, are identified as having a long-term chronic condition, shall be supported with self-care advice and advised that the specific condition cannot be followed up within the ACES service.

3.4.12 An NHS sight test shall not be performed concurrently with assessment or treatment for this acute service.

3.5 Interdependence with other services/providers

3.5.1 If a patient wishes to communicate using a language other than English, the Provider shall have access to the interpretation and translation service available through Somerset ICB.

3.5.2 GP practices, acute hospitals, Minor Injury Units, Community Pharmacies

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

4.1.1 Medicines and Healthcare Produces Regulatory Agency (MHRA)

4.1.2 Opticians Act 1989

4.1.3 Primary Ophthalmic Services Regulations 2008 (SI 2008/1186)

4.1.4 Health & Safety Executive – www.hse.gov.uk

4.1.5 Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) regulations – www.hse.gov.uk/riddor/

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

4.2.1 College of Optometrists guidance

4.3 Applicable local standards

4.3.1 No ophthalmic practitioner shall perform ophthalmic services under the Contract unless they are:

- included in an ophthalmic performers list in England
- not suspended from that list or from the register
- not subject to interim suspension under section 41A of the Medical Act 1983 or section 13L of the Opticians Act; and
- accredited in accordance with paragraphs 3.2.22 - 3.2.29 above.

Record Keeping and Data Collection

4.3.2 The ophthalmic practitioner shall fully complete, in an accurate and legible manner, an Optometric Patient Record Card in the format provided by Somerset ICB for each patient managed. Incomplete Optometric Patient Record Cards will be returned by Somerset ICB to the Provider for completion.

4.3.3 The Optometric Patient Record Card will provide for:

- the urgent referral of patients by an ophthalmic practitioner to the hospital eye services
- the referral of patients to their GP for joint management
- the referral of patients to their usual community optometrist for a sight test/routine eye examination
- the management of patients by the ophthalmic practitioner
- the claim for payment and sharing of data for contract monitoring and audit

For the avoidance of doubt, all Optometric Patient Record Cards shall at all times be and remain the property of Somerset ICB.

4.3.4 The Provider, ophthalmic practitioner or other responsible person shall also maintain a summary of the number of patients for whom an appointment was booked and the source of the referral.

4.3.5 The Provider, ophthalmic practitioner or other responsible person shall encourage patients to complete the standard Equality and Diversity Monitoring Form as provided by Somerset ICB, in order that equity of access to the service may be monitored.

4.3.6 The Provider, ophthalmic practitioner or other responsible person shall record the category of payment claimed and the optometric patient record card will provide the justification for the claim.

Performance Reporting and Audit

Reporting Requirements and Timescales

4.3.7 Optometric Patient Record Cards shall be forwarded by the Provider to Somerset ICBs Care Navigation Service (CNS) by the 15th day of the month following the month in which the patients received the service.

4.3.8 The number and nature of written complaints are to be reported by the Provider to Somerset ICB on an annual basis within 10 working days of each period ended 01 April to 31 March.

4.3.9 The Provider will participate in an annual patient survey by engaging patients in the completion of a patient questionnaire, to be provided by Somerset ICB.

4.3.10 Other relevant information required from time to time by Somerset ICB shall be provided by the Provider in a timely manner.

Service Review

4.3.11 The Provider shall co-operate with Somerset ICB as reasonably required in respect of the monitoring and assessment of the services, including:

- answering any questions reasonably put to the Provider by Somerset ICB.
- providing any information reasonably required by Somerset ICB.
- attending any meeting or ensuring that an appropriate representative of the Provider attends any meeting (if held at a reasonably accessible place and at a reasonable hour, and due notice has been given), if the Provider’s presence at the meeting is reasonably required by Somerset ICB.

Payment

4.3.12 This service is subject to a local price per patient, which is set out in the Particulars of the NHS Standard Contract. For the avoidance of doubt, though, no payment shall be made by Somerset ICB in respect of patients who do not attend.

4.3.13 The Provider is required to fully complete the optometric patient record to enable verification that the fee claimed is justifiable according to diagnosis and/or procedures.

4.3.14 Payment will be made to the Provider on a monthly basis as part of the Contract payment in accordance with the flowchart attached as Appendix 5. The Provider shall submit by the 15th of each month the required completed

Optometric Enhanced Services Monthly Claims template and Optometric Patient Record Cards, as supplied by Somerset ICB, to the CNS. A copy of the completed Optometric Enhanced Services Monthly Claims template shall also be submitted to Somerset ICB by the 15th of each month.

4.3.15 Somerset ICB reserves the right to undertake audits of claims as and when necessary.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements

Clinical Governance

5.1.1 The term 'clinical governance' represents a systematic approach to maintaining and improving the quality of patient care within a health system. It covers, but is not limited to:

- Being open and transparent
- Complaints
- Risk Management
- Serious Incidents Requiring Investigation (SIRI) management and reporting
- Health and Safety
- Information governance, including security policies and procedures and adherence to the Caldicott principles
- Non-medical Prescribing
- Infection Prevention and Control
- Safeguarding Children
- Safeguarding Vulnerable Adults

Infection Control

5.1.2 In addition to the requirements of Service Conditions of the NHS Standard Contract and the College of Optometrists guidance on infection control, the Provider shall specifically ensure that:

- the clinical environment is maintained appropriately to reduce the risk of healthcare acquired infections
- a contract is in place with an approved waste Provider to ensure waste is disposed of safely without risk of contamination or injury and is in accordance with national legislation and regulations
- clinical equipment is managed appropriately to reduce the risk of healthcare acquired infections
- hand washing is undertaking correctly using an appropriate cleansing agent; hand washing facilities shall be adequate to ensure hand hygiene can be carried out effectively with best practice guidelines on effective hand washing readily available
- the environment is cleaned to an appropriate standard and monitored regularly

- items in direct contact with the eye shall be disposable and shall not be re-used

Facilities and Equipment

5.1.3 In addition to the requirements of the Service Conditions of the NHS Standard Contract, the Provider shall meet the following non-exhaustive list of requirements:

- whilst managing a patient, the consulting room shall not be used for any other purposes
- hand washing with hot/cold water to be available in the consulting room
- liquid soap
- alcohol gel or alternative anti-bacterial hand rub
- paper towels
- gloves – sterile
- single use items – including minims, tonometer heads and tweezers
- clinical waste collection
- sharps containers
- washable work surfaces
- floor and wall surfaces maintained in a clean and hygienic manner
- effective decontamination of hard services
- cleanable lighting, especially lighting close to the patient

Significant/adverse events

5.1.4 The Department of Health emphasises the importance of collected incidents nationally to ensure that lessons are learned across the NHS. A proactive approach to the prevention of recurrence is fundamental to making improvements in patient safety.

The Provider should be aware of (and use as appropriate) the various reporting systems such as:

- the NHS England National Reporting and Learning System.
- the Medicines and Healthcare products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system), and accidents involving medical devices; and
- the legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

5.1.5 In addition to their statutory obligations, the Provider will notify the Commissioner within 72 hours of being aware of the hospital admission or death of a patient being treated by the Provider under this enhanced service, where such admission or death, is or may be due to, the Providers treatment of the relevant

underlying medical condition covered by this specification via the email address below

5.1.6 In addition to any regulatory requirements the ICB wishes the Provider to use a Significant Event Audit system (agreed with the ICB) to facilitate the dissemination of learning, minimising risk and improving patient care and safety. Providers shall:

- Report all significant events to the ICB within 2 working days of being brought to the attention of the Provider via somicb.significantevents@nhs.net

Undertake a significant event audit (SEA) using a tool approved by the ICB and forward the completed SEA report to the ICB within one month of the event via https://nhssomerset.nhs.uk/for-clinicians/general-practice-significant-event-sea-and-serious-incident-support/

5.2 Applicable CQUIN goals

5.2.1 Not Applicable

6. Location of Provider Premises

6.1 Refer to Particulars of the NHS Standard Contract.

APPENDIX 1

SOMERSET ACUTE COMMUNITY EYECARE SERVICE (ACES) PATHWAY

Care Navigation Service (CNS)

Outcome via Optometric Patient Record Card

Email or post Optometric Patient Record Card within 24 hours to:

GP (immediately if prescription required) *

Usual optometric practice where appropriate)

* The prescribing of medications shall be made in accordance with Somerset ICB Prescribing Formulary and Self-Care Agenda

Emergency Eye Casualty

RED FLAG:
Sudden loss of vision
Very significant eye pain
Significant trauma
Chemical burns

PRIMARY CARE

Acute eye conditions (excluding 'RED FLAG') within 24 hours

ACES ACCREDITED OPTOMETRIST

OUTCOME

Hospital Eye Service: urgent via eye casualty

Hospital Eye Service: non-urgent via GP

Follow-up ACES appointment

GP

Discharged

24 Hours

COMMUNITY PHARMACY

SELF REFERRAL

PATIENT

APPENDIX 2

SAMPLE GUIDE FOR FRONT OF HOUSE STAFF

ACES Optometrist Reception Guidance

This Guide does not supersede the individual optometrists' clinical judgement at any time.

1 Patient telephones or calls into practice

2 Reception to:

a. Check the patient is a registered patient with a GP in Somerset or a NEW Devon GP practice located close to or within the boundary of Somerset ICB geographical area

b. Ask the patient what the symptoms are and their duration then direct the patient to the most appropriate service with the support of an optometrist where required using the guide below as follows:

Hospital Eye Casualty Services

- sudden loss of vision
- very significant eye pain
- significant trauma
- chemical burns
- Any problems following recent eye surgery

ACES

- sudden or recent reduction in vision in one or both eyes
  NOTE: IF ACES NOT AVAILBLE AT ANY ACCREDITED PRACTICE, THE PATIENT SHOULD BE ADVISED TO GO TO EYE CASUALTY
- painful red eye(s) (non-painful red eye should be directed to the patient's GP)
- pain and/or discomfort in the eyes, around the eye area or temples
- flashes and/or recent floaters
- mild trauma
- suspected non-penetrating foreign body
- recent onset of double vision
- significant recent discharge or watering of the eye
- chronic conditions with symptoms of more than 7 days when referred by patient's GP as not responding to treatment

Own Optometric Practice

- contact lens problems

General Practitioner (GP)

- longstanding (chronic) problems of more than 7 days
- eyelid swellings
- eyelid soreness
- redness and swelling of skin around the eye, including rashes
- simple, painless itchy eye(s), with discharge (whether watery or sticky)
- hay fever-type symptoms

3 For ACES appropriate conditions

a. If a patient's symptoms fall within the ACES category above, book an appointment for the patient with the accredited optometrist within 24 hours.

b. In the unlikely event the patient cannot be accommodated within 24 hours:

- where the patient has telephoned, advise of other ACES providers within Somerset.

- where the patient has presented at the practice, an appointment must be arranged for the patient at an alternative provider within Somerset.

- in the unlikely event that no suitable appointments are available within the ACES service seek advice from the Hospital Eye Casualty for patients presenting with sudden or recent reduction of vision in one or both eyes, flashes and floaters or a foreign body; for patients presenting with all other acute eye conditions advise patient to contact their GP surgery and ask for an appointment within the next day or two.

APPENDIX 3

PAYMENT PROTOCOL

Payment structure: Additional information for Submission of Claims for Payment				
The following table sets out some of the most common presenting conditions/diagnoses				
These lists are not exhaustive				
Lower Category: eyelids, lashes, conjunctiva		Middle Category: corneal, sclera, anterior chamber including iris		Upper Category: posterior chamber and presenting conditions
Acute blelpharitis		Scleritis		All examinations deemed by the Optometrist to require Mydriasis including:
Chalazion		Episcleritis		Flashes and floaters
Inflamed/painful meibomian cyst		Inflamed pterygium		Retinal detachment
Trichiasis with symptom s		Acute dry eye		Retinal tear
Acute side effects of entropion		Corneal foreign body		Posterior vitreal detachment
Acute side effects of ectropion		Keratitis (of any kind)		Posterior uveitis
Sub-conjunctival haemorrhage		Corneal ulceration		Age related macular degeneration
Conjunctivitis (outside the GP's protocol)		Corneal epithelial erosions		
Conjunctival foreign body		Anterior uveitis including iritis		Other:
Inflamed Pinguecula		Hypopyon		Recent onset of diplopia
		Hyphema		Recent onset of loss of visual fields
				Suspected optic neuritis
				Sudden reduction in visual acuity
				Suspected temporal arteritis
				Suspected 3rd, 4th and 6th cranial nerve palsies