Service Specification No:	2 v6
Service:	Intra-Ocular Pressure Referral Refinement Service (IOP RRS)
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 Glaucoma is a term that describes a group of eye conditions that affect vision. Glaucoma often affects both eyes, usually in varying degrees. Incidences of glaucoma increase with age and mainly affect the over 50s.

1.1.2 If left untreated, glaucoma can cause blindness. About 10% of all UK blindness registrations are due to glaucoma.

1.1.3 Glaucoma is usually associated with an increase in intra-ocular pressure above the normal value and if it is diagnosed and treated early enough, further damage to vision can be prevented.

1.1.4 The service provides for the repeat measurement of intra-ocular pressures in line with:

- current National Institute for Health and Clinical Excellence (NICE) guidance and
- consideration of The College of Optometrists and The Royal College of Ophthalmologists Guidance on the referral of Glaucoma suspects by community optometrists.

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 service in the community will enable patients to receive rapid assessment of intra-ocular pressure measurement refinement.	✓

Domain 3	**Helping people to recover from episodes of ill-health or following injury**	✓
Domain 4	**Ensuring people have a positive experience of care** The service aims to improve health and reduce inequalities by providing access to the service in the community and reduce the necessity for patients being referred to hospital eye services where appropriate. 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 Integrated Care Board (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 reduce unnecessary referrals to hospital eye services and increase capacity in overburdened hospital glaucoma clinics by deflecting inappropriate referrals.

3.1.2 The service aims to improve health and reduce inequalities by providing access in the community.

3.1.3 Access to this Goldmann Applanation Tonometry Intra-ocular Pressure Referral Refinement Service (IOP RRS) in the community will enable patients to receive rapid assessment of intra-ocular pressure measurement refinement, thereby reducing the number of patients requiring onward referral to secondary care

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 ICB will be further developed.

3.2 Service description

3.2.1 The service provides for the repeat measurement of intra-ocular pressures in line with the current National Institute for Health and Clinical excellence (NICE) guidance.

3.2.2 The service provides for the repeat measurement of intra-ocular pressures in patients aged eighteen years and over, using slit lamp mounted Goldmann Applanation Tonometry, where the mean of four intra-ocular pressure readings, acquired by non-contact tonometry by the referring optometrist, is twenty four millimetres of mercury or over ($\geq$24mmHg).

3.2.3 The repeat measurement of intra-ocular pressures will improve the accuracy of referrals and deflect unnecessary referrals.

3.2.4 The service is provided by community ophthalmic practitioners who have a range of equipment to facilitate detailed examination of the eye, including slit lamp mounted Goldmann Applanation tonometers, as well as the specialist knowledge and skill.

3.2.5 If the practice intends not to provide the IOP RRS for a consecutive period of two or more weeks the Provider, ophthalmic practitioner or other responsible person shall seek approval for a variation to the contract from Somerset ICB, giving the appropriate period of notice as described in the Service and General Conditions of the NHS Standard Contract.

Procedures

3.2.6 Where the patient has been referred for repeat intra-ocular pressures, such pressures shall be re-measured by the relevant ophthalmic practitioner using a major table mounted slit-lamp bio-microscope fitted with a Goldmann Applanation Tonometer.

3.2.7 Where a patient is unable to access a major table mounted slit-lamp bio-microscope, then intraocular pressure measurement using a Perkins hand-held applanation tonometer may be used. The reason for use of a Perkins hand-held tonometer must be clearly noted on the IOP RRS Optometric Patient Referral/Record Card.

3.2.8 All tests undertaken and results obtained must be recorded on the IOP RRS Optometric Patient Referral/Record Card, even if the results are normal.

3.2.9 Any drugs or staining agents used during the examination or prescribed must be recorded on the IOP RRS Optometric Patient Referral/Record Card including expiry date and batch number.

3.2.10 All advice given to the patient (verbal or written) must be recorded on the IOP RRS Optometric Patient Referral/Record Card.

Equipment

3.2.11 The Provider shall have the following equipment:

- Goldmann Applanation Tonometer
- major table mounted slit lamp bio-microscope capable of mounting a Goldmann Applanation Tonometer

Medication

3.2.12 Ophthalmic practitioners may use the range of medications appropriate for this enhanced service allowed by virtue of their registration with the General Ophthalmic Council.

Accreditation – Education and Training

3.2.13 All ophthalmic practitioners employed or engaged by the Provider in respect of the provision of the enhanced service shall satisfy the accreditation criteria detailed in paragraphs 3.2.14 to 3.2.16.

3.2.14 Ophthalmic practitioners will be required to undertake a Somerset ICB approved educational programme, primarily to cover the clinical procedures and protocols involved in providing the enhanced services. This will cover:

- an introduction to the service
- administration of the service including protocols, processes and paperwork
- Goldmann Applanation Tonometry knowledge, competency and calibration

3.2.15 Accredited ophthalmic practitioners will be required to successfully complete a re-accreditation process every three years.

3.2.16 Accredited ophthalmic practitioners may be required to attend a review and skills refinement session during the Contract term.

3.2.17 Additional education and training sessions will be supported by Somerset ICB as necessary to accommodate any ophthalmic practitioners wishing to participate in the service at a later stage.

3.2.18 Somerset ICB will provide optometric practices with a regularly updated list of Providers providing the IOP RRS. The list will be provided to GP practices for information.

3.2.19 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

3.2.20 The service is accessed by patients following a referral from an optometrist, contracted to provide General Ophthalmic Services (GOS) within Somerset. Referrals to the service shall be made in accordance with paragraphs 3.2.21 to 3.2.42.

3.2.21 Referrals shall be managed by the Somerset ICBs commissioned Referral Management Service (CNS).

3.2.22 On receipt of a referral from the CNS, the responsible person shall, within 2 working days, arrange an appointment with the patient, to take place within 10 days of receipt of such referral.

3.2.23 All referrals shall be received from the CNS, including those referrals made by accredited practices to themselves.

3.2.24 Accredited practices shall conduct first assessment of Intra-ocular pressures during initial sight examination

3.2.25 All referrals shall be received on the standard form provided by Somerset ICB which will include:

- intra-ocular pressures, including tonometer type, date and time of day that the pressures were taken
- best corrected visual acuities
- any other information the referrer deems appropriate

3.2.26 Patients referred for the first repeat assessment of intra-ocular pressures shall receive an appointment for assessment within ten working days.

3.2.27 The ophthalmic practitioner shall seek consent from the patient to the assessment. For the purposes of this paragraph, "written consent" shall mean the recording of consent obtained on the patient's IOP RRS Optometric Patient Referral/Record Card. Where the IOP RRS Patient Referral/Record Card records "consent obtained," Somerset ICB will interpret this as meaning that the patient has been fully informed of the tests to be undertaken, has been offered written information as appropriate and has given consent.

3.2.28 Patients attending for a first Goldmann Applanation Tonometry measurement whose IOP is measured at twenty four millimetres of mercury or over ($\geq$24mmHg) and less than thirty two millimetres of mercury (<32mm Hg), shall have their IOPs re-measured using Goldmann Applanation Tonometry on a separate occasion.

Patient's whose initial IOP measurement was undertaken using Goldmann Applanation Tonometry shall have only one repeat measurement.

3.2.29 Where the patient's IOP is measured at less than twenty four millimetres of mercury (<24mmHg), the patient shall be discharged from the service.

3.2.30 Where the patient's IOP is measured at twenty four millimetres of mercury or over (≥24mmHg), and less than thirty two millimetres of mercury (<32 mmHg), the patients shall be offered a mutually convenient appointment to repeat the Goldmann Applanation Tonometry not sooner than one day and not later than fourteen (14) days.

3.2.31 Where the patient's IOP is measured at thirty two millimetres of mercury or over (>32 mmHg) and less than forty millimetres of mercury (<40 mmHg) the patient shall be referred back to the referring optometrist.

3.2.32 Consideration of the College of Optometrists and The Royal College of Ophthalmologists Guidance on the referral of Glaucoma suspects by community optometrists[1] (paragraph 12 non-referral in specific scenarios) shall be given by the original optometrist after the repeat measurement giving due regard to all clinical factors, including disc assessment, family history, anterior chamber angles and visual fields before onward referral to the Hospital Eye Service.

3.2.33 Where onward referral to the Hospital Eye Service is deemed clinically appropriate, this shall be done via the patient's GP, by emailing the IOP RRS Optometric Patient Referral/Record Card without a further re-measurement. The patient shall be given the service leaflet provided by Somerset ICB.

3.2.34 Where the patient's IOP is measured at forty millimetres of mercury or over (>40 mmHg) the patient shall be referred urgently to the hospital eye services without a further re-measurement. The ophthalmic practitioner shall arrange an appointment with the relevant Hospital Eye Service by telephone and a copy of the IOP RRS Optometric Patient Referral/Record Card shall be given to the patient to present on attendance. A copy shall also be securely emailed to the referring optometrist.

3.2.35 Where the patient's repeat IOP is measured at less than twenty four millimetres of mercury (<24mmHg), the patient shall be discharged from the service and the referring optometrist notified using the IOP RRS Optometric Patient Referral/Record Card.

3.2.36 Where the patient's repeat IOP is measured at twenty four millimetres of mercury or over (≥24mmHg), and less than forty millimetres of mercury (<40mmHg), the patient shall be referred back to the referring optometrist.

[1] https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2010_PROF_097-Guidance-referral-Glaucoma-suspects-by-optometrists-Dec-2010.pdf

3.2.37 Consideration of the College of Optometrists and The Royal College of Ophthalmologists Guidance on the referral of Glaucoma suspects by community optometrists (paragraph 12 non-referral in specific scenarios) shall be given by the original optometrist after the repeat measurement giving due regard to all clinical factors, including disc assessment, family history, anterior chamber angles and visual fields before onward referral to the Hospital Eye Service.

3.2.38 Where onward referral to the Hospital Eye Service is deemed clinically appropriate, this shall be done via the patient's GP, on the standard form provided by Somerset ICB.

3.2.39 Patients whose repeat IOP is measured at forty millimetres of mercury or over (>40 mmHg2) shall be referred urgently to the Hospital Eye Service. The ophthalmic practitioner shall arrange an appointment with the relevant Hospital Eye Service by telephone and a copy of the standard form provided by Somerset ICB shall be given to the patient to present on attendance. A copy shall also be securely emailed to the referring optometrist.

3.2.40 The ophthalmic practitioner shall advise the patient of the outcome of the appointment and provide a further copy of the service leaflet, where required by the patient.

3.2.41 A patient who fails to attend for an appointment, without contacting the service, shall be contacted to agree a revised appointment. If a patient fails to attend on a second occasion, the referring optometrist shall be notified using the IOP RRS Optometric Patient Referral/Record Card provided by Somerset ICB.

3.2.42 A flowchart of the patient pathway is attached at Appendix 1.

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, who are aged eighteen years and over.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Acceptance Criteria – see paragraph 3.3.1 above.

3.4.2 The Provider shall ensure that the patient is an IOP RRS eligible person by confirming that the person is entitled to primary medical services within the Somerset ICB geographical area by virtue of being registered with a Somerset GP practice. The Provider shall then:

- record the name and address of the GP practice with which the person is registered on the patient's optometric patient referral/record card; and
- satisfy itself that the assessment and/or treatment is necessary.

3.4.3 The Provider should then request the patient to sign their IOP RRS Optometric Patient Referral/Record Card to confirm receipt of the service.

3.4.4 Service Exclusions - The service does not provide for:

- children under the age of eighteen years
- any patient where optic disc appearance is indicative of glaucoma.
- referrals for the repeat measurement of intra-ocular pressures which are not received on the standard form provided by Somerset ICB or do not include the required referral information as detailed in paragraph 3.2.25.
- the repeat measurement of intra-ocular pressures where initial pressures by the referring optometrist are less than twenty four millimetres of mercury (<24mmHg), in the absence of a suspected glaucomatous visual field defect.
- the repeat measurement of intra-ocular pressures where initial pressures by the referring optometrist are thirty two millimetres of mercury (≥32 mmHg) or over.
- the repeat assessment of suspect visual fields .
- housebound patients.
- any patient known by the referring ophthalmic practitioner to be under the current management of the hospital eye service specifically for the monitoring of glaucoma or deemed at risk of developing glaucoma.

3.4.5 An NHS sight test shall not be performed subsequently on the same day as an assessment under this IOP RRS.

3.4.6 An Acute Community Eyecare Service examination shall not be performed subsequently on the same day as an assessment under this IOP RRS.

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 Acute hospitals, Providers of GOS.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

4.1.1 National Institute for Health and Clinical Excellence (NICE) NG81 Glaucoma: diagnosis and management published in November 2017.

4.1.2 Medicines and Healthcare Produces Regulatory Agency (MHRA)

4.1.3 Opticians Act 1989

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

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

NHS Improvement – https://improvement.nhs.uk/improvement-hub/patient-safety/

4.1.6 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 All College of Optometrists guidance including the College of Optometrists and The Royal College of Ophthalmologists Guidance on the referral of Glaucoma suspects by community optometrists.

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 3.2.14 - 3.2.2019 above.

Record Keeping and Data Collection

4.3.2 The ophthalmic practitioner shall fully complete, in an accurate and legible manner, an IOP RRS Optometric Patient Referral/Record Card in the format provided by Somerset ICB for each patient managed and in a manner which will support auditing of the service.

4.3.3 The Optometric Patient Referral/Record Card will provide for:

- the referral of patients by an ophthalmic practitioner to the hospital eye services
- the sharing of data for contract monitoring and audit

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

4.3.5 The Provider, ophthalmic practitioner or other responsible person shall also maintain a summary of the number of appointments booked for patients who did not attend.

Performance Reporting and Audit

Reporting Requirements and Timescales

4.3.6 Complaints shall be reported by the Provider to Somerset ICB annually.

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

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.

Service Review

4.3.10 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

Patient Experience

Payment

4.3.11 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, no payment shall be made by Somerset ICB in respect of patients who do not attend.

4.3.12 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 1. The Provider shall submit by the 15th of each month the required completed Optometric Enhanced Services Monthly Claims template and the IOP RRS Optometric Patient Referral/Record Cards, as supplied by Somerset ICB, to the Care Navigation Service (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.

4.3.13 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 the Service Conditions of the NHS Standard Contract, the Provider shall specifically ensure that:

- the clinical environment is maintained appropriately to reduce the risk of healthcare acquired infections
- waste, including clinical 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
- the environment is cleaned to an appropriate standard and monitored regularly
- items in direct contact with the eye shall be for single use 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
- paper towels
- gloves – sterile
- single use items – including minims and tonometer heads
- clinical waste collection
- washable work surfaces
- floor and wall surfaces maintained in a clean and hygienic manner
- 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.

5.1.5 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)

5.1.6 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

5.1.7 In addition to any regulatory requirements the ICB wishes the Provider to use a Significant Event Audit system (agreed with the Integrated Care Board) 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.

PATIENT REFERRAL AND PATHWAY FLOWCHART

APPENDIX 1