Service Specification No:	3 v6
Service:	Ocular Hypertension Monitoring Service
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 This service provides for the monitoring of patients with Ocular Hypertension (OHT) in the community in accordance with current National Institute for Health and Clinical Excellence (NICE) guidance.

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** The service aims to support prompt diagnosis of glaucoma in at risk patients with high intra-ocular pressures, thereby maintaining quality of life and reducing possible incidences of blindness caused by late diagnosis of glaucoma.	✓
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 provide more convenient and local monitoring of patients closer to their homes. 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 ICBs 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 Ocular Hypertension Monitoring Service (the "Service") aims to support prompt diagnosis of glaucoma in at risk patients with high intraocular pressures, thereby maintaining quality of life and reducing possible incidences of blindness caused by late diagnosis of glaucoma.

3.1.2 To provide more convenient and local monitoring of patients closer to their homes.

3.1.3 To allow more capacity in secondary care ophthalmology clinics by reducing the number of patients attending for routine monitoring.

3.1.4 To better utilise the skills of ophthalmic practitioners.

3.1.5 Further develop relationships between primary and secondary care practitioners.

3.2 Service description

3.2.1 This Service provides for the monitoring of patients receiving treatment for Ocular Hypertension (OHT) in the community following discharge into the service by the Hospital Eye Service (HES), in accordance with current National Institute for Health and Clinical Excellence (NICE) guidance.

3.2.2 The Service is provided by local ophthalmic practitioners who have a range of equipment to facilitate the monitoring of signs and parameters indicative of glaucoma, as well as having the specialist knowledge and skill to interpret the results and understand when further investigation by an Ophthalmologist is needed.

3.2.3 The Service shall be provided at contracted optometric practices by accredited practitioners. The Provider shall also provide the Intra-Ocular Pressure Referral Refinement Service as commissioned by Somerset ICB.

Procedures

3.2.4 The following procedures shall be undertaken within the OHT monitoring service:

- visual acuity
- Goldmann Applanation Tonometry
- Van Herick's assessment of the anterior chamber
- slit lamp biomicroscopy assessment of the discs, through a dilated pupil should the view be inadequate
- standard automated perimetry using a 24-2 fast threshold or equivalent strategy or where not available, a supra-threshold testing strategy of at least 68 points or FDT N30 threshold technique capable of providing a printout, copied onto paper to avoid the possible future loss of information through fading.

3.2.5 All tests undertaken shall be recorded on the OHT optometric patient record card (OPRC).

3.2.6 All drugs used shall be recorded on the OHT OPRC including batch number and expiry date.

3.2.7 The outcome of the monitoring appointment must be recorded on the OHT OPRC.

3.2.8 All examinations of the optic disc will be performed under mydriasis using either 0.5% or 1.0% Tropicamide from a single dose unpreserved unit (Minim) unless this is contraindicated, or where a stereoscopic view of the disc can be achieved through an undilated pupil.

Equipment and Medication

3.2.9 The Provider shall have the following minimum equipment:

- Goldmann Applanation Tonometer
- major table mounted slit lamp bio-microscope capable of mounting a Goldmann Applanation Tonometer
- internally illuminated, projector or LCD type test chart
- standard automated visual field screening instrument capable of performing supra-threshold stimulus testing or N30 threshold strategy at a minimum and capable of recording and printing the results to meet the minimum requirements of paragraph 3.2.4
- Volk lens or equivalent for indirect assessment of the optic discs
- NHS.net secure email account
- drugs for pupil dilation and local anaesthesia

3.2.10 The ophthalmic practitioner may use diagnostic drugs and agents in accordance with their professional registration with the General Optical Council/General Medical Council.

Referrals and patient pathway

3.2.11 As part of the secondary care discharge planning, each patient requiring monitoring and treatment under the Service shall be provided with an up to date patient information leaflet (the "leaflet") describing the Service and including a list of Providers from which to choose a community location for ongoing monitoring. The leaflet will be provided by Somerset ICB.

3.2.12 Eligible patients, as per paragraph 3.3.1 and those whom can be monitored by exception, as per paragraph 3.3.2, will be discharged by direct referral to the Provider by the HES with a detailed discharge/management plan detailing all required discharge information, including but not limited to:

- time to first assessment within the Service,
- safe parameters for monitoring within the Service and,
- the risk of future visual impairment.

3.2.13 A copy of the discharge/management plan shall also be forwarded to the patient's GP by the HES.

Assessment

3.2.14 Patients will be invited by the Provider, in writing, to make the initial appointment at their chosen practice in accordance with the timescales detailed on the discharge/management plan.

3.2.15 The patient shall present for monitoring and shall be required to sign the OHT optometric patient record card (OPRC) to consent to all necessary procedures being undertaken and confirm receipt of the service.

3.2.16 The OHT OPRC shall be completed contemporaneously with the monitoring appointment.

3.2.17 The Provider shall ensure that the accredited Ophthalmic Practitioner completes, as a minimum, at each monitoring appointment:

- re-evaluation of the risk of conversion to Chronic Open-angle Glaucoma (COAG) and risk of sight loss to set time to next assessment,
- asks about general health and, if appropriate, factors affecting adherence to treatment, including cognitive impairment and any treatment side effects,
- uses clinical judgement to assess control of intra-ocular pressures (IOP) and risk of conversion to COAG, and
- sets the reassessment appointment according to NICE guidelines.

3.2.18 Where no changes are detected and with consideration of the risk of conversion to COAG and the risk of sight loss together with patient life-expectancy, the Provider shall continue to monitor the patient in accordance with both their management plan and current NICE guidance. As a minimum, monitoring appointments shall be conducted at 18 month intervals and shall not require

more than one appointment per monitoring/treatment episode.

3.2.19 Notice of recall for monitoring shall be given to the patient in writing and the recall appointment will take place no sooner than the due date or no later than two (2) weeks after the due date.

Glaucomatous changes

3.2.20 Where patients' are found to have glaucomatous changes, patients shall be managed in accordance with Appendix 1: Patient Pathway. Direct referral shall be made to the discharging HES by securely sending the completed OHT OPRC and a copy of the OHT OPRC forwarded to the patient's GP within forty eight (48) hours of the service being provided.

3.2.21 Where emergency referral is required this shall be initiated within 24 hours and in accordance with Appendix 1: Patient Pathway.

Discharge from Service - Failure to attend

3.2.22 If the patient fails to respond to or fails to attend two consecutive monitoring appointments, the patient will be discharged from the Service and the patient's GP shall be notified by the Provider.

Stopping Treatment

3.2.23 The accredited Ophthalmic Practitioner can advise to stop treatment where the patient has both a low risk of ever developing visual impairment within their lifetime and an acceptable IOP.

3.2.24 The accredited Ophthalmic Practitioner shall discuss the benefits and risks of stopping treatment with the patient.

3.2.25 Following discussions with the accredited Ophthalmic Practitioner, should the patient choose to continue treatment then they will continue to receive monitoring in the Service in accordance with point 3.2.18 but given the opportunity and recommendation to cease treatment at every subsequent monitoring appointment.

3.2.26 If the patient chooses to stop treatment, an appointment shall be made to measure IOPs only after one to four months to ensure no significant spike in IOP with further reassessment if clinically indicated.

3.2.27 If the IOPs remain <24mmHG the patient shall be discharged from the Service in accordance with paragraphs 3.2.30– 3.2.32.

3.2.28 If the IOPs have risen to ≥24mmHG, the patient shall be advised to restart treatment and the patient's GP informed using the relevant documentation.

3.2.29 The patient shall continue to be monitored within the Service and recalled, as a minimum, at 18 month intervals and until such time as accredited Ophthalmic Practitioner deems the risk of developing visual impairment within their lifetime is low or an acceptable IOP level is recorded.

Discharge from Service – After stopping treatment

3.2.30 Patients shall be discharged from the Service to the patient's usual Ophthalmic Practitioner and advised to continue with regular visits to their usual Ophthalmic Practitioner at clinically appropriate intervals.

3.2.31 Patients shall be provided with a discharge summary following discharge from the Service. A copy shall be forwarded to the patient's GP within forty eight (48) hours and with patient consent, a copy shall also be forwarded to their usual Ophthalmic Practitioner.

3.2.32 Patients shall be advised to take their discharge summary with them when attending for future sight tests with their chosen Ophthalmic Practitioner.

3.3 Any acceptance and exclusion criteria and thresholds

Patient Eligibility

3.3.1 The service is available all eligible patients defined as those who meet the following criteria:

- the patient is registered with a GP practice located within the geographical area of Somerset ICB,
- the patient has been diagnosed with Ocular Hypertension by an Ophthalmologist treated with topical ocular hypotensive medication, with intra-ocular pressures measured at 24mmHg or more and are at risk of visual impairment within their lifetime,
- the patient has optic discs that exhibit no glaucomatous changes and,
- the patient has full and normal visual fields.

3.3.2 By exception and where clinically appropriate, the following patients shall be monitored within the service:

a) Those patients diagnosed with Ocular Hypertension by an Ophthalmologist not treated with topical ocular hypotensive medication, with an intra-ocular pressures of 24mmHg or over, where the discharging Ophthalmologist determines it clinically appropriate to monitor in accordance with a management plan and,

b) Those patients who entered the service prior to November 2017, treated with topical ocular hypotensive medication with intra-ocular pressures of 21mmHg or over but below 24mmHg, for a period of up to five years starting from the date of initial appointment within the service and in accordance with their current management plan.

3.3.3 Patients monitored by exception shall be discharged from the service in accordance with paragraphs 3.2.30– 3.2.32 following either the specified period of monitoring or when the Ophthalmic Practitioner determines that the patient has both a low risk of ever developing visual impairment within their lifetime and an acceptable IOP.

Service Exclusions - The service does not provide for:

3.3.4 Those with OHT but whom are not at risk of visual impairment in their lifetime therefore not treated.

3.3.5 Patients who have a diagnosis of glaucoma are not included in this service. The service monitors for the onset of glaucomatous changes only.

3.3.6 Patients presenting with other symptoms shall be assessed within an alternative ophthalmic service as appropriate.

3.3.7 Patients shall not receive a GOS sight examination as part of their OHT Monitoring appointment. However, should the patient be due their regular sight examination, it is permitted that this is carried out either before or after their OHT monitoring appointment.

3.3.8 The ophthalmic practitioner shall fully complete, in an accurate and legible manner, an OHT OPRC which shall be retained by the Provider in a manner which will support auditing of the service.

3.3.9 The OHT OPRC will provide for the monitoring and management of patients by ophthalmic practitioners.

3.3.10 For the avoidance of doubt, all OHT OPRCs shall at all times be and remain the property of Somerset ICB.

3.3.11 The Provider shall maintain a detailed record of the appointments booked for patients who did not attend (DNAs).

3.4 Education and Training

3.4.1 Ophthalmic practitioners employed or engaged by the Provider in the provision of this service shall satisfy the education and training criteria as detailed below.

3.4.2 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 service.

This will cover:

- an introduction to the service including patient pathways
- administrative procedures and documentation

- theory based learning of current NICE Guidance on the management of Glaucoma, Visual Fields in Glaucoma, Intraocular Pressures and Tonometry and of the techniques of the practical tests required
- practical assessment of:
    - the measurement of Intra-Ocular Pressure with a Goldmann tonometer, which may be undertaken as part of the education and training required for provision of Somerset ICB enhanced Intra-Ocular Pressure Referral Refinement Service
    - the calibration of a Goldman tonometer, which may be undertaken as part of the education and training required for provision of Somerset ICB enhanced Intra-ocular Pressure Referral Refinement Service
    - Van Herick's technique
    - Slit lamp biomicroscopy assessment of the discs
    - Volk/indirect ophthalmoscopy competency

3.4.3 Ophthalmic Practitioners may be required to observe one relevant secondary care ophthalmology clinic within the first two (2) years of providing the service.

3.4.4 Practitioners will be required to successfully complete a re-accreditation process every three (3) years.

3.4.5 Ophthalmic Practitioners may be required to attend a review and skills refinement session in the second and third years of the contract.

3.4.6 The names and contact details of accredited practices will be made available to patients' Optometrists and GPs.

3.4.7 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 familiar with the administrative procedures required by the Service.

3.5 Performance Reporting, Review and Audit

3.5.1 The Provider shall return a quarterly report to Somerset ICB in the template form provided by Somerset ICB.

3.5.2 The Service shall produce an annual report for those patients undergoing treatment which shall be sent in a timely manner directly to the patients GP to support the issuing of any required medication by prescription.

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

3.5.4 The Provider shall participate in any clinical audit activity as reasonably required by Somerset ICB and maintain appropriate records to evidence and support such activity, including an electronic spreadsheet showing the outcome of each clinical audit, in the template provided by Somerset ICB.

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

3.5.6 The number and nature of written complaints are to be reported by the Provider to Somerset ICB on an annual basis, subject to the review of the Service.

3.5.7 The Provider will participate in an annual patient survey upon request by Somerset ICB.

Service Review

3.5.8 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 at a reasonable hour and reasonable notice has been given).

3.6 Clinical Governance

3.6.1 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

3.7 Infection Control

3.7.1 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 the healthcare acquired infections,
- 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 undertaken 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, used in accordance with the manufacturer's instructions.

3.8 Facilities and Equipment

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

- whilst managing a patient the consulting room shall not be used for any other purposes,
- hand washbasin with hot and cold water is to be available in the consulting room,
- liquid soap is to be available in the consulting room,
- alcohol gel or alternative anti-bacterial hand rub,
- paper towels to be available in consulting room,
- single use items including minims and Tonometer Heads,
- clinical waste collection in place,
- washable work surfaces,
- floors and wall surfaces maintained in a clean and hygienic manner,
- effective decontamination of hard surfaces,
- cleanable lighting, especially lighting close to the patient.

3.9 Serious Untoward Incidents

3.9.1 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.

3.9.2 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)

3.9.3 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

3.9.4 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/

3.10 Payment

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

3.10.2 Payment will be made to the Provider on a monthly basis. The Provider shall submit the Optometric Enhanced Services Monthly Claims template together with all applicable OHT OPRCs to the Care Navigation Service (CNS), to be received by the 15th day of the month following the month in which the patient received the Service. A copy of the completed Optometric Enhanced Services Monthly Claims template shall also be submitted to Somerset ICB within the

same timescales.

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

3.11 Interdependence with other services/providers

3.11.1 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.

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

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

4.1.7 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

4.3 Applicable local standards

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 3.4.2– 3.4.5 above.

Applicable CQUIN goals

4.3.1 Not Applicable.

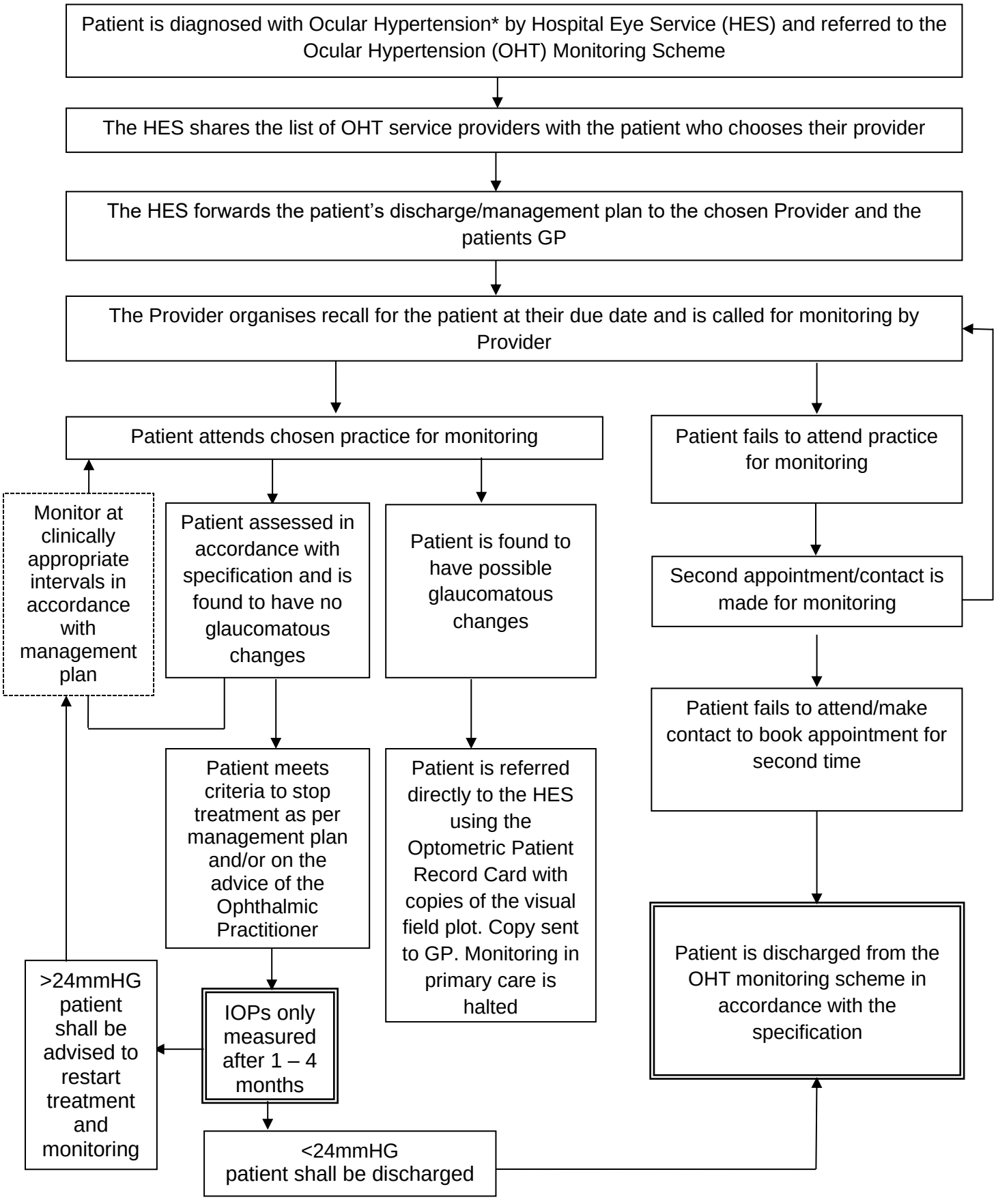
5. Location of Provider Premises

5.1 Refer to Particulars of the NHS Standard Contract.

6. Individual Service User Placement

Not applicable

APPENDIX 1 Patient Pathway for Ocular Hypertension



*** Ocular Hypertension is described as treated intra-ocular pressure of 24mmHg or more**