SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	001
Service	Ophthalmology
Commissioner Lead	Cathy Gardener
Provider Lead	Anthony Brookes
Period	1st February – 31st July 2021 TBC in updated spec
Date of Review	TBC

1. Population Needs

Nationally hospital attendances for ophthalmology account for the second highest number of outpatient attendances for any specialty which equates to 9% of all hospital outpatient attendances and the most common surgical procedure in the UK is cataract surgery.

In England and Wales, it is estimated that around 2.5 million people aged 65 or older have some degree of visual impairment caused by cataracts. Cataract surgery is the second most common operation performed in the NHS in England – over 300,000 procedures are performed each year. Many eye diseases can be successfully treated if caught early and managed effectively with existing treatments and medicines.

L&SC CCG's are continuously developing ophthalmology services as part of an overall strategy to ensure that ophthalmology services are undertaken at the right stage of a patient pathway, in the most appropriate clinical setting, offering the best possible clinical outcomes, supporting system resilience and sustaining choice for patients. These developments are part of an overall strategy to ensure that services are commissioned in such a way that patients' needs are met whilst offering quality and value for money to deliver Quality Innovation Productivity and Prevention (QIPP).

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**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

Reducing avoidable sight loss and improving eye health contributes to Domains 2, 4, and 5 directly; Domain 3 indirectly.

2.2 Local Defined Outcomes

The service will be expected to deliver the following outcomes:

- The best possible clinical outcomes for patients by providing:
    - High quality care in a safe environment.
    - Rapid assessment and initiation of treatment.
    - Services are delivered in line with current best practice.
    - Close integration with mental health, social care, low visual aids services and third sector providers to ensure full support for those who do suffer impaired vision or become blind.
    - Strong clinical leadership.

- **The best possible patient experience by providing:**
    - A convenient local service tailored to the individual needs of patients.
    - Ensuring patients are fully informed about their condition and treatment options.
    - A positive patient experience in a welcoming and friendly environment.
    - High levels of Patient satisfaction resulting in low DNA rates and increase patient compliance.

- **Excellent value for money through:**
    - Cost effective care through effective productivity and efficiency.
    - Responsive and equitable access to care.
    - Working with commissioners to adopt new technologies and treatment regimens as they emerge to streamline care.
    - Supporting achievement of the 18-week referral to treatment standards.
    - A culture of partnership between provider and commissioner to create total transparency and a joint approach to continuing quality improvement.

2.3 Clinical Outcomes

2.3.1 Cataract

Desired outcomes

- Restoration of vision to meet patients' needs.
- Achievement of the required refractive outcome
- Improvement of patients' quality of life
- Ensuring patient safety and satisfaction.

Visual acuity and refraction

- 90% of all patients to achieve visual acuity better than 6/12 post-operatively.
- At least 80% of patients with ocular co-morbidities to achieve visual acuity of 6/12 or better post-operatively
- 95% of patients without ocular co-morbidities to achieve visual acuity of 6/12 or better post-operatively.
- Post-operative refraction to be +/- 1 dioptre from predicted value RCOphth benchmark 85%.
- 95% of patients to report that they have benefited from cataract surgery.

Complications

- Capsule tear/rupture less than 1%
- Retinal detachment less than 1%
- Cystoid macular oedema less than 2%
- Posterior capsular opacification less than 10% after 1 year

- Raised IOP less than 2.5%
- Corneal oedema (1.4% NOD audit)
- Loss of vision following Cataract Surgery pathway <0.5%
- All other complications less than 1%

3. Scope

3.1 Service Description

The service will treat a range of routine conditions in both an outpatient and inpatient setting in line with the National Covid 19 Cataract pathway (Appendix 1) and where appropriate support local acute hospital eye services.

The service will also be responsible for ensuring that patients are signposted to supporting services if required.

The service will offer a consultant led clinical assessment, diagnostic and treatment service for patients presenting with cataract surgery requirements. This specification and contract relate to patients requiring cataract surgery and YAG laser capsulotomy following cataract surgery.

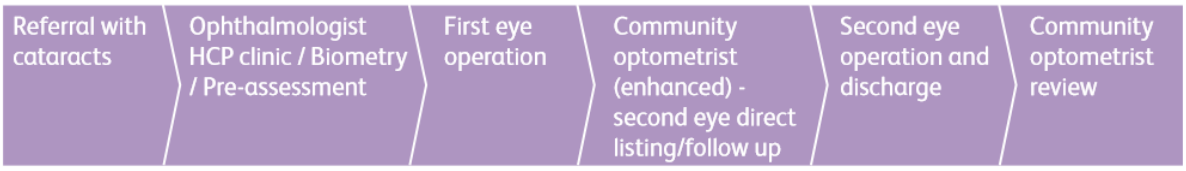
If an unrelated non-urgent condition is detected, then a re-referral must be made back to the original referrer. However, onward referrals can be made to other secondary care professionals if a non-urgent condition is detected that is related to the original referral. In cases like this if a referral to an acute hospital service is required, patients must be referred in a timely manner, be able to exercise their right to choose their provider and the information shared is of high quality and includes all pre work up information.

Due to the national Covid emergency response there may be a requirement for flexibility within the contract to explore the option for inter-provider waiting list transfer if required. The commissioners will continue to engage with the provider to plan effectively for such change.

3.2 Service Description/Care Pathway

An overview of an exemplar cataract care pathway is shown below, and this is derived from the Royal College of Ophthalmologists Cataract Surgery Guidelines, the NHS Institute for Innovation and Improvement for best practice guidance on cataract and incorporates the recommendations previously made by the Royal College of Ophthalmologists on cataract surgery commissioning.

3.2.1 Cataract Pathway (inc provision of second eye)



*If second eye surgery is not required or it is a patient's choice not to have second eye procedure, the patient would be discharged at the post-operative appointment. The patient would be re-referred at a later date.

The overarching objectives of the service are to:

- Ensure patients are seen and treated in the right place at the right time and by the most appropriate person.
- Ensure that all patients have their treatment quickly and all subsequent treatments to plan.
- Deliver more care in the community.
- Ensure pro-active shared decision making (SDM) for patients and carers
- Ensure that clinical practice/treatments are in line with the current research/evidence-based care.
- Ensure that patients have a positive experience of care resulting in improvements in patient satisfaction.
- Choice of location and provider
- Supporting System Resilience
- A fully inclusive service will be available to all communities and, where necessary, make reasonable adjustment for individuals with cognitive, emotional and physical impairments.

3.2.2 Service Model

3.2.2.1 Service Overview

The service will be delivered from the premises listed below:

- Bolton - 43 Churchgate, Bolton BL1 1HU
- Preston - Number 3, Albert Edward House, The Pavilions, Preston, PR2 2YB
- Skelmersdale - Whelmar House, Southway, Skelmersdale, West Lancashire WN8 6NN
- Kendal – Murley Moss Business Park, Oxenholme Road, Kendal, LA9 7RL

The mobilisation of any additional premises will be in discussion with Commissioners to agree. Commissioners party to this contract will only expect services charged by at the Provider at the locations above.

The service location/s should be accessible by car and within reasonable access of public transport routes.

Premises should be DDA compliant and particularly friendly to visually impaired people.

The service location must be Patient Transport Service compliant. There must be adequate space for ambulance vehicles to park up whilst patients board and arrive.

Working with the commissioning lead, the service will be profiled for the Directory of Services on e-RS and service details will be reviewed on a quarterly basis.

Outpatient appointments and procedure and treatment slots must be offered on several days of the week with some provision in the evenings and at the weekends. The option for earlier or later appointments in line with seasonal changes (dark nights) would be advantageous for the patient demographic and transport options.

The provider shall ensure that it has adequate support mechanisms for patients their guardians or carers, who have a disability or do not speak sufficient English to effectively, communicate and understand information given in appointments. This includes people whose first language is not English, people who are hearing impaired and people who cannot read English. The provider shall ensure that such arrangements are in place to support patients accessing services and accessing associated support and information. These measures should naturally be outstanding for those who are visually impaired.

3.2.2.2 Days/Hours of operation

The provider must offer days and hours of service not limited to the ‘standard’ Monday to Friday 9.00 am – 5.00 pm. The provider shall ensure the service has sufficient clinics and theatre slots to meet waiting times. Arrangements must be flexed to meet demand and to support patient choice.

3.2.2.3 Staffing

Staff will have attended an approved training session run by Department of Ophthalmology, or equivalent, and maintain standards through continuous professional development in the area of ophthalmology. Evidence of training will be required.

The provider shall ensure that all practitioners who provide the service demonstrate competence, to include:

- Ensuring all clinical staff hold current professional registration, are members of their respective professional body and have current DBS clearance.
- Certificate or a sign-off letter from the supervising consultant(s) for any clinical working within an extended scope of practice, e.g., optometrist or specialist nurse.
- Evidence of on-going and continued competence including individual clinical performance through a comprehensive audit programme.
- Evidence of completion of statutory and mandatory training
- Safeguarding adults at risk; there will need to be an identified safeguarding lead.
- All staff (clinical and non-clinical) should have an annual appraisal and an agreed personal development plan.

- Appropriate supervision arrangements for all levels of staff will be in place, including induction and clinical supervision.
- Competent practitioners will assess referrals and patients in accordance with agreed protocols and pathways which are based on national clinical guidelines and evidenced good practice.
- There will need to be a named clinical governance lead.
- Professional accountability must be formulated with an agreed governance structure.
- Staff will have a commitment to continuing professional development.
- Engage in undergraduate and postgraduate education assisting in the teaching and learning activities of the deanery and universities.
- Engage in research and the work of the Academic Health Science Network.
- Staff will ensure that patients are always treated with dignity and respect.

Training and development of the workforce is a key element in the sustainability of the service to ensure business continuity in the event of staff absence, e.g. holiday/sick leave.

3.2.2.4 Quality and Governance

The provider must have robust clinical governance processes in place with strong clinical leadership and clear lines of accountability which operates across organisational and/or professional boundaries.

The provider must have effective systems and processes in operation, which ensure that high standards of clinical care are maintained, and the quality of services provided are continually improved.

3.2.3 Care Pathway

3.2.3.1 Referral

The provider will only accept referrals from optometrists and GP's in line with each of the local CCG referral pathways as outlined in the table below. The provider must follow any process as and when they change in the future within 1 full calendar month of notification of the change.

Referrals must not be accepted outside of the CCG referral pathway.

CCG Referral Pathway	
East Lancashire CCG	Via e-RS GP or via Opera
BwD CCG	Via e-Rs GP or via Opera
Blackpool CCG	Single point of access via e-RS or GP
Fylde & Wyre CCG	Single point of access via e-RS or GP
Chorley & South Ribble CCG	Via e-Rs (RMC) choice or GP
Greater Preston CCG	Via e-Rs (RMC) choice or GP
West Lancashire CCG	Via e-RS following local triage and choice or GP
Morecambe Bay CCG	Direct referral via e-RS for GP and NHS net for Optometrist referral
North Cumbria CCG	Direct referral via e-RS for GP and NHS net for Optometrist referral

Referrals must not be accepted outside of the CCG referral pathway unless the referral is urgent and the patient has been seen by the service for the same condition previously.

Any referral that has not been received through a CCG commissioned referral process as outlined above will not be funded by the CCG.

Providers must contact the patient within 3 working days offering them an appointment if they have not been given one already.

3.2.4 Cataract Surgery

Patients are likely to be referred into the service for cataract surgery following an assessment by an optometrist. Optometrists should have had a discussion with the patient about their treatment options prior to referral. A referral will be made via the CCG's agreed commissioned service where a discussion of choice of provider will take place, taking into account the most up to date list of providers, locations and waiting times.

The CCG is committed to developing integrated pathways and therefore the provider is expected to develop arrangements with community optometrists to provide the post-operative cataract surgery follow-up where clinically appropriate. The provider will be expected, to discharge all stable post-operative cataract surgery patients to community optometrists as part of an integrated pathway. It is expected that this will equate to approximately 90% of all non-complex cataract surgery patients.

The provider must ensure that where the patient is already being seen at another ophthalmology provider for a long-term condition, the provider will liaise with the treating Consultant prior to surgery to ensure that there are no reasons they should not proceed with surgery.

Patients who were referred with bilateral cataracts where both eyes are eligible for cataract surgery may be listed for surgery for both eyes (no less than 2 weeks between surgery).

All patients who are clinically suitable must be referred to the cataract follow up service after second eye surgery.

The provider must refer eligible patients back to the referring optometrist or GP, unless the patient specifically requests an alternative optometrist.

Providers must undertake and document Best Corrected Visual Acuity (BCVA) both pre and post operatively.

The provider will use a validated risk stratification algorithm for people who have been referred for cataract surgery, to identify people at increased risk of complications during and after surgery. This will aid appropriate discussions with higher risk patients and enable the appropriate clinical staff to deliver care.

The provider will use a checklist based on the WHO surgical safety checklist to support safe practice within theatre. The checklist will contain, as a minimum, the cataract safety checks defined within NICE clinical guideline

The provider will audit its compliance against this safety process to report to commissioners.

Post-Operative Referral Pathway by CCG	
East Lancashire CCG	Via the providers subcontract arrangement with our local Optometrist
BwD CCG	Via the providers subcontract arrangement with our local Optometrist
Blackpool CCG	Via the providers subcontract arrangement with our local Optometrist
Fylde & Wyre CCG	Via the providers subcontract arrangement with our local Optometrist
Chorley & South Ribble CCG	Refer back to referring Optometrist via local pathway

Greater Preston CCG	Refer back to referring Optometrist via local pathway
West Lancashire CCG	Via the providers subcontract arrangement with our local Optometrist
Morecambe Bay CCG	Refer back to referring Optometrist
North Cumbria CCG	Refer back to referring Optometrist

3.2.5 Diagnostics

Diagnostic tests should be undertaken in line with national and local agreed clinical pathways and guidance.

Providers should be offering diagnostic tests to patients on the same day as their out-patient appointments in a 'one stop shop' type service at their initial appointment and where possible for all other diagnostics required. This will enable patients to receive their diagnosis and treatment options on the same day and negate the need for them to return to the hospital.

3.2.6 Post treatment complications and support

Post-surgery at the point of discharge from the unit patients will be given the following information as a minimum regardless of where and by whom the follow up appointment will take place:

- Written information on aftercare
- Written information on what to expect following surgery.
- Written information on what to do if a problem occurs and who best to contact.
- A telephone number to contact which will be operational 24hrs a day.
- A Follow up appointment (if the follow up is not suitable to be undertaken by the community services)

Any patients experiencing a post-operative complication must have access to timely support, advice and treatment from the original surgical provider regardless of whether or not they have been discharged to care of the accredited cataract post-operative optometrist arrangement. Patients must be made aware of how and under what circumstances they must contact the provider.

This is also supported by The RCO Commissioning Guide: Cataract Surgery, 2018 which states that "providers of cataract care should be able to demonstrate that the service makes appropriate provision for complications of surgery or other unexpected events which may occur during the cataract care pathway, including arrangements for urgent review or handover of care".

The provider is not accountable for any complications or issues missed by the accredited optometrist unless the provider has not fulfilled their obligations i.e.not communicated any issues to the optometrist prior to the follow up appointment. (this excludes community optometrists sub-contracted by the provider)

3.2.7 Onward referral

If at any stage within the care pathway that an onward referral is required, the onward referral must be made within a maximum of two working days of the decision being taken or the same day if the condition is urgent. A choice of secondary and primary care providers should be offered to the patient at onward referral stage. Full details of results and treatments undertaken within the service must be made available to the provider and referrer including the patients GP.

All clinical records and diagnostic tests are to be made available to other providers if the patient is transferred or discharged to another service.

3.2.8 Discharge

It is expected that all patients will receive a planned approach to discharge and that the GP will be kept informed of progress and treatment plans from referral through to discharge.

The provider must write to the GP and Optometrist (if referrer) This needs to be completed within 2 working days (and a maximum of 5 working days).

Patients should also receive a copy of their discharge summary and treatment plan that also includes a self-care and crisis plan on the day of discharge.

3.2.9 Communication with referring organisations

If the provider wishes to communicate with optometrists, GP's and/or any organisation that may see patients that are eligible for referral into their service, they must only do so in line with this service specification and after discussion with commissioners.

At no point must the provider inform, encourage or coerce refers to navigate away from the locally agreed referral mechanisms.

The provider is permitted to send information about their service including the treatments they offer and where they are located, however they must not send out information on referral mechanisms unless first seeking permission from the lead commissioner.

3.2.10 Continued Service Improvement Plan

The provider is to continually review the service and develop and adhere to priorities in line with national and local guidance.

The provider must offer each patient the opportunity to feedback on the service experience; any questionnaire or method of engagement must include the entire patient pathway and seek views on making an appointment, the environment of where the diagnostic took place as well as their view on the diagnostic procedure. The provider must collate all patient experience and demonstrate where improvements and change have been made as a result of patient feedback.

The provider must engage with all GP and optometry practices covered in the contract. Feedback to be sought on administration processes, quality of reports, directive clinical advice given within the report to be gained. Again, the provider must collate all data and demonstrate where changes and improvements have been made as a result of clinical feedback.

The provider must demonstrate where innovation has been identified and practice changed accordingly in collaboration with the CCG's.

3.2.11 Innovation

Where new technologies and innovation are not currently available it is expected that the provider would move towards new ways of working during the lifetime of the contract in negotiation and consultation with the commissioners.

Commissioners are particularly keen to support any areas of innovation that shortens the patient pathway and improves clinical outcomes.

3.3 Population Covered

The service will provide care for patients registered within the Lancashire & South Cumbria CCG's GP's (lead commissioners) or any CCG GP who are associate commissioner to this contract.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Eligibility Criteria:

- Patients must be aged 18 years or over.
- Patients must be registered with a GP practice from one of the CCGs to this contract.
- Patients must have been assessed by an optometrist or GP prior to referral.

3.4.2 Exclusion Criteria:

- Patients not registered with a L&SC CCG's or any commissioning associate CCG GP Practice.
- Patients under the age of 18 years old.
- Urgent and emergency ophthalmology referrals.

- Contact lens trials for kerataconus.
- Investigations for intracranial pressure.
- Patients with severe head tremor.
- Patients with extreme claustrophobia who are unable to lie flat with a drape covering their face.
- Patients with dementia who could not tolerate cataract surgery with topical anesthetic.
- Patients with learning difficulties who could not tolerate cataract surgery with topical anesthetic.
- Epileptics who have had more than 1 grand mal seizure in the last month.
- Unresponsive uveitis.
- Brittle or end stage glaucoma.
- Diabetics undergoing treatment for maculopathy.

Wet AMD

Although the provider is not commissioned to accept referrals for emergency and urgent treatments and therefore not able to accept referrals solely for Wet AMD, there will be instances where Wet AMD is detected because of a referral for some other ophthalmological condition. The provider must refer patients to their local emergency macular service provider the same day. Where there is a need to continue to deliver care for those already under the providers care, the provider must seek the relevant CCGs approval before commencing any treatment and will offer choice and support to transfer care for existing patients who express an interest in changing to an alternative provider.

3.5 Interdependence with other services/providers

3.5.1 Interdependencies

Patients will be referred by an Optometrist or GP and then returned to the care of their registered GP and optometrist (if applicable) when the treatment finishes.

The provider will need to facilitate and develop robust mechanisms for patients to move between primary, community and acute care services when required.

Key interdependencies include but are not restricted to:

- Primary Eye Care Services
- Optometrists
- Ophthalmologists
- GP's
- Other Secondary Care Ophthalmology Services
- Community services
- Third sector and Local Authority services for visually impaired people

Eye care services involve a wide range of professionals including ophthalmologists, GPs, ophthalmic medical practitioners, ophthalmic nurses, and hospital optometrists, community optometrists, dispensing opticians, orthoptists, school nurses, health visitors, social services and voluntary sector professionals.

3.5.2 Other services/providers

The Provider must detail any subcontract arrangements it has for the delivery of the services under Schedule 5B of the Particulars. Discussions and agreement would need to take place with Commissioners prior to any new/further sub-contracting arrangements being put in place once service commencement has past.

The provider will remain fully responsible for the provision of services provided by any subcontractors they appoint to meet requirements detailed within this service specification and those obligations described by the contract.

In particular the Provider must ensure that any subcontracted clinicians/providers are fully qualified and accredited to undertake the work expected of them and that they are included within the provider's governance and reporting frameworks.

3.6 Business Continuity

The service must have protocols in place to manage business continuity in order to eliminate or reduce the adverse effect during times of annual leave, sickness absence, flu epidemic etc. These plans must demonstrate how the provider will continue to operate without disruption to the service and the patients it serves.

3.7 Self-Care and Patient and Carer Information

Patients are ultimately responsible for their own health and the service must include patient education as part of the package of care to enable patients to make informed choices. For those patients with a carer, the carer must also receive the same advice in order that the patient's needs can be fully met. The provider must access local healthy living networks and local literature where possible.

The CCG is very also keen to see a robust approach to Shared Decision Making with patients. We believe some patients are treated when they are not fully aware of the implications and possible outcomes or they are being treated when they no longer want to be or are gaining no real benefit.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Over time there is an expectation that as clinical guidance changes the service will work with commissioners to redesign the services if applicable.

The provider shall ensure the service meets the standards and requirements of guidance detailed by the following:

- 18-week referral to treatment times
- Department of Health NHS Outcomes Framework 2020
- General Medical Council Consent Guidance https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/consent
- General Medical Council, 2013. Delegation and referral. https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/delegation-and-referral
- General Medical Council, 2013. Good practice in prescribing and managing medicines and devices

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

The provider shall ensure the service meets the standards and requirements of The Royal College of Ophthalmologists and all those listed below.

- NICE Guidance Cataract Management in Adults NG77
- RCO – COVID 19 Clinical Guidance for Ophthalmologists 2020
- RCO – The Way Forward Cataract - 2015
- RCO – Commissioning Guidance: Cataract Surgery 2018

4.3 Applicable local standards

Local outcomes are listed in the Key Performance Indicators (KPI's).

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 **Applicable CQUIN goals (See Schedule 4D)**

6. Location of Provider Premises

The provider will operate from the service locations below:

- Bolton – 43 Church gate, Bolton BL1 1HU
- Preston - Number 3, Albert Edward House, The Pavilions, Preston, PR2 2YB
- West Lancashire - Whelmar House, South way, Skelmersdale, West Lancashire
- Kendal – Murley Moss Business Park, Oxenholme Road, Kendal, LA9 7RL

The provider shall be responsible for ensuring they are registered with the Care Quality Commission to provide the service from their chosen locations(s).

The provider will be responsible for scoping suitable venues and will also be responsible for the on-costs to this including reception staff, consumables, decontamination costs and any other administrative or clinical expenditure associated with the provision of the service. Sites that are not currently used for clinical service delivery must demonstrate compliance with all building regulations and requirements in accordance with the Equality Act (2010).

The Provider must discuss and agree any changes to the locations of any new or existing service sites with Commissioners prior to accepting any referrals from service users who from the Commissioning organisations party to this contract. The location sites list above will be for the services described in this specification only for services users of Commissioning organisation's party to this contract.

7. Individual Service User Placement

Not Applicable

8. Applicable Personalised Care Requirements

8.1 Applicable requirements, by reference to Schedule 2M where appropriate