

NORTHERN IRELAND PRIMARY CARE OPTOMETRY

Post-Operative Cataract Review and Assessment Service (supplementary to a sight test)

COMMENCES OCTOBER 2021

1. INTRODUCTION

This service specification outlines a supplementary service to be provided. The specification of this service is designed to cover the elements of care of a patient, which are supplementary to General Ophthalmic Services (GOS). No part of the specification by commission, omission or implication defines or redefines essential or additional services.

2. BACKGROUND

Cataract extraction is the most common elective surgery performed and demand for this service will increase in the UK as the population ages. Cataract surgery is a skilled procedure with a high success rate and a low rate of post-operative complications. Patients who undergo cataract surgery require post-operative review at which a clinical assessment and refraction are performed. Post-operative cataract review and assessment is required to confirm that the eye which has had recent surgery shows no clinical signs and evidence of post-operative complications. In addition a requirement of post-operative review is to determine the refractive outcome for the eye which has had surgery. Patients identified as non-complex surgical cases are suitable to have their post-operative cataract review and assessment undertaken by optometrists/OMPs.

3. STRATEGIC CONTEXT AND EVIDENCE BASE

- I. [The Department of Health Policy Statement “The Establishment Of A Regional Service Delivery Model For Daycase Elective Care Procedures In Northern Ireland July 2020”](#)
- II. [Health and Wellbeing 2026: Delivering Together](#). Department of Health for Northern Ireland, October 2016
- III. Department of Health: Elective Care Reform and Transformation Plan, 2017
- IV. Royal College of Ophthalmologists Cataract Commissioning Guidance 2018
- V. Royal College of Ophthalmologists and Clinical Council for Eye Health Commissioning: Commissioning Guide - Cataract Surgery, February 2015
- VI. Royal College of Ophthalmologists Three Point Plan, 2016
- VII. Royal College of Ophthalmologists The Way Forward: Cataract, 2017
- VIII. Newsome et al, 2013. Community optometry working with hospital ophthalmology: the benefits of working together in a shared care cataract pathway An audit of postoperative refractive outcomes. *Optometry In Practice*, Vol 14, Issue 2, 2013
- IX. Voyatzis G et al, 1998. Cambridgeshire cataract shared care model: community optometrist-delivered postoperative discharge scheme. *Br J Ophthalmol*. 2014 Jun;98(6):760-4

4. AIMS

- I. To integrate, and optimise the participation of, the available skilled workforce in primary care optometry within the regional cataract care pathway in order to streamline the patient pathway and reduce the number of follow up hospital appointments. This will enable hospital eye services to allocate more appointments for cataract pre-assessment and treatment, reducing wait times.
- II. To provide a clinically appropriate level of care within a service framework by optometrists working in primary care contractor practices and, in doing so, to deliver appropriate, safe and effective care for patients closer to home, with good patient experience.

5. OBJECTIVES

- I. To establish a primary care optometry service for Post-Operative Cataract Review and Assessment which is easily accessible for patients and promotes continuity of care.
- II. To provide an evidence-based care pathway with defined protocols ensuring appropriate and timely referral where required.
- III. To provide evidence of patient outcomes and experience aligned to national recommended measures.
- IV. To build on existing relationships between primary and secondary care to support future developments within the Cataract Care Pathway.
- V. To provide data for the National Ophthalmology Database (NOD, RCOphth).

6. SERVICE SPECIFICATION

The above aims and objectives will be achieved via the provision of a post-operative review and assessment in primary care optometry practice(s) aligned to this service specification.

6.1 OVERALL CONTRACTOR RESPONSIBILITY

- a) The contractor is responsible for all aspects of the service provision in line with this service specification.
- b) It is the contractor's responsibility to ensure that the individual practitioners providing the service on their behalf are eligible to do so.
- c) The contractor will provide an annual declaration and assurance in respect of the service.

6.2 INDIVIDUAL PRACTITIONER ELIGIBILITY

The following criteria enable individual eligibility for provision of the service:

- a) Registration with the General Optical Council/General Medical Council **AND**
- b) An Optometrist/OMP will have a current personal code for provision of General Ophthalmic Services in Northern Ireland **AND**
- c) All optometrists/OMPs who complete the approved training and accreditation will be eligible to participate in the service.

Practitioners who participate in the service will be required to demonstrate a continuing and sustained level of activity.

6.3 SERVICE TO BE PROVIDED

The service will provide post-operative cataract review and assessment by individual practitioners. The cataract post-operative review should take place a minimum of six weeks after surgery **AND NO LATER THAN 12 WEEKS** after surgery. The post-operative review, assessment and subsequent reporting will be provided **supplementary to, and in conjunction with**, a sight test. The practitioner will:

Perform each of the following ophthalmic clinical tests:

- i. Measurement of Intra Ocular Pressure (where clinically indicated* by Goldmann-type contact tonometry)
- ii. Examination and assessment of the anterior eye and adnexa
- iii. Assessment of the internal eye and fundus (where clinically indicated**, by dilated binocular indirect ophthalmoscopy)
- iv. Refraction and measurement of unaided visions and visual acuities
- v. All other elements of the sight test as clinically required

**where IOP is greater than or equal to 24mmHg*

***where visual acuity is not meeting anticipated levels or there are other clinical signs requiring this level of examination.*

Note: Failure to provide all these clinical tests, evidenced in the clinical records, may result in recovery of fees for the supplementary service and/or the sight test.

2. Collect, record and report information on the following elements of the service provided:

- i. Review of cataract surgery notes and information
- ii. Recording of patient demographics (name, DOB etc)
- iii. Recording of relevant history and symptoms
- iv. Review and recording of relevant clinical information including notes on ophthalmic surgery and current ophthalmic medications/topical drops
- v. Recording of refractive outcome
- vi. Recording of the findings of the examination and assessment of the external and internal eye including Intra ocular pressure measurement
- vii. Recoding of patient reported experience and outcome measures as defined in the stipulated service outcome recording method (the Medisoft Clinical Reporting System)

6.4 PATIENT ELIGIBILITY

Patients INCLUDED in the Service

Patients who have undergone cataract surgery and have been identified by the hospital eye service as suitable to access their post-operative review and assessment in primary care. See the Cataract Guidance for detailed clinical information on eligibility.

Patients EXCLUDED from the Service

- i. Patients who have had a post-operative review and assessment performed by the Hospital Eye Service
- ii. Patients who have had their cataract surgery carried out privately or as part of a cross-border arrangement. These patients should have their review carried out at the private provider who carried out their surgery

Note: both these groups of patients may attend a practice for a sight test, whether GOS or private, following post-operative review in the HES/private sector. These patients only require a sight test and do not require, and are not currently eligible for, review, assessment and reporting under this Post-Operative Cataract Review and Assessment service.

6.5 SERVICE OUTCOMES - PROTOCOLS

The contractor will ensure that individual practitioners undertaking the service:

- a) Record the outcome of the clinical assessment in their clinical records
- b) Report the outcome of the agreed elements of clinical assessment on the Medisoft Clinical Reporting system
- c) Where clinically indicated, refer the patient back to the Hospital Eye Service (HES) in line with the clinical protocols and guidance for the service. Please refer to the clinical guidance notes for the cataract care pathway and the process for referral – available at the following link: <https://hscbusiness.hscni.net/services/3273.htm>

6.6 RECORD KEEPING

- a) The contractor and the accredited practitioner will ensure that they comply with current Regulations in regard to Data Protection (GDPR).
- b) The contractor and the accredited practitioner must ensure that records kept of services provided are full, accurate and contemporaneous and these must be retained according to the guidelines of the College of Optometrists. **It must be clearly annotated that the supplementary service is being provided in addition to the eye examination within the patient clinical record** (i.e. it should be annotated on the clinical record that the supplementary service has been provided).
- c) The contractor and the accredited practitioner will ensure that all records, including referral provided under this service are legible.

- d) The contractor and the accredited practitioner will comply with any reasonable request by the Health and Social Care Board or their representative, to view records of patients on whom post-operative review and assessment has been carried out, for clinical governance, probity, audit and any other purpose so determined by the HSC Organisation.

6.7 CLINICAL GOVERNANCE

- a) The contractor must ensure and satisfy themselves that all individual practitioners providing the service:
- i. Have valid and current personal code for GOS in Northern Ireland
 - ii. Comply with all relevant legislation and guidance and maintain GOC registration.
 - iii. Fulfil the criteria for eligibility to provide the service
- b) The contractor shall declare that they fulfil the criteria for service provision.
- c) The contractor will be required to provide an annual declaration and assurances in respect of the service.
- d) If the patient is referred to hospital it is important that all the relevant clinical information is included on the referral so that the hospital eye service can effectively triage the referral. Failure to adequately complete a full and legible referral may result in non-payment of the additional fee under this service.
- e) The contractor providing the service must ensure that all adverse incidents (AIs) and serious adverse incidents (SAIs) are reported in line with current requirements. Adverse Incident reporting forms (A1F1 GOS) are available from the following link: <http://www.hscbusiness.hscni.net/services/2563.htm>

6.8 FACILITIES AND EQUIPMENT

- a) The contractor and the accredited Optometrist/OMP will ensure that they have the necessary equipment needed to provide this service. The following list is not specified nor exhaustive but as a minimum should include:
- i. Tonometry (including Goldmann-type applanation tonometer where clinically indicated to be used*, with disposable tonometer prisms or appropriate arrangements for decontamination of reusable prisms in line with infection control guidance from the College of Optometrists)
 - ii. Indirect ophthalmoscopy – the equipment is a Volk-type indirect lens and slit lamp
 - iii. Equipment for the assessment and determination of unaided vision, best corrected visual acuity, ocular motor balance and refractive error
- b) All ophthalmic diagnostic equipment must be calibrated, and where required, serviced in line with manufacturer's recommendations. The Health and Social Care Board may require practices to provide documentary evidence of the servicing and maintenance of the ophthalmic equipment used for the service provision.

- c) The accredited Optometrist/OMP can only provide the service from an approved GOS contractor premise and where that contractor has formally agreed with the Health and Social Care Board to provide the service.

6.9 VERIFICATION

Any aspect of this service may be subject to verification checks by the Health and Social Care Board. Any claim for post-operative cataract review and assessment which is not carried out in line with this service specification may result in recovery of the paid fee.

6.10 FEE LEVEL

The fee level for the supplementary Post-Operative Cataract Review and Assessment Service provided to patients registered with a General Medical Practitioner (GMP) in Northern Ireland and having a Health and Care number is **£33**.

7. PAYMENT PROCESS

- a) Claims for payment for the service should be completed for each patient examined under the service. Claims for payment should be submitted to the Business Services Organisation using the Post-Operative Cataract Review and Assessment Service eForm.
- b) Claims for payment for the sight test element of the service should be submitted as usual on OCS for GOS eligible patients (or on the paper GOS ST form for practices with no portal access) or on the Post – Operative Cataract Review claim eForm for non-GOS eligible patients. Refer to [MOS/337](#) for detailed guidance on the claim process.
- c) Contractors and patients are required to complete and sign the ESPR patient declaration form indicating the service has been provided and received and **also** the OCSPR patient declaration form for the sight test provision..
- d) Please note that claims must be submitted **no later than three months** after the date of service provision.
- e) Contractors must ensure that they only submit payment claims for patients who have a current and valid Health and Care Number (HCN).
- f) Contractors must ensure that the Health and Care Number (HCN) **and** the patient's unique Medisoft PIN number (provided by the Hospital Eye Service) for each patient for whom the service is provided, is annotated on the claim form. **Payment for the service cannot be processed without the patient's HCN and patient's unique Medisoft PIN.**

8. REVIEW AND AUDIT

- a) Contractors must ensure that data on individual patients for which claims are made is recorded and held at practice level, and if requested by the Health and Social Care Board, should be provided in the requested format. This information may be used to evaluate and improve the service.
- b) The service will be audited to ensure it meets its aims. To this effect the contractor and individual practitioner must supply the Health and Social Care Board with such information as it may reasonably request for the purposes of monitoring the performance and fulfilment of obligations under this service to include revalidation as required.
- c) Contractors may wish to retain their own information on the claims submitted for the service for audit and reconciliation purposes.

9. TERMINATION/SERVICE WITHDRAWAL

The Health and Social Care Board reserves the right to:

- a) Terminate the provision of the service by a contractor who does not comply with the service specification in force at the time of service provision.
- b) Withdraw accreditation of an individual practitioner who does not fulfil the eligibility criteria in force at the time of service provision.

In addition:

- c) Where a contractor is unable to provide the service in line with the service specification and supporting service protocols and guidance they should notify the Health and Social Care Board at the earliest opportunity of their intention to withdraw from service provision.