



Northern Ireland Primary Care Optometry Post-Operative Cataract Review and Assessment Service

1. INTRODUCTION

This service specification outlines a service to be provided, designed to cover the elements of care of a patient which are out-with the scope of 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/Ophthalmic Medical Practitioners (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 other outpatient activity, 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, facilitating audits such as National Ophthalmology Database reporting.
- IV. To build on existing relationships between primary and secondary care to support future developments within the Cataract Care Pathway.

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.
- d) Maintain full, accurate and contemporaneous records of the required clinical information in respect of the service provided.

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) A practitioner will have a current personal code for provision of General Ophthalmic Services in Northern Ireland **AND**
- c) A practitioner who completes the SPPG approved training 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.

Note: Claims received for this service from ineligible practitioners will be considered invalid and will not be paid/will be recovered

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. Claims outside of this time frame will not be paid.

Practitioners should refer patients who present **outside** of this time frame to the Patient Information Letter provided by the hospital eye service, which contains instructions on who they should contact before 6 weeks/after 12 weeks following surgery.

The post-operative review, assessment and subsequent reporting will be provided **supplementary to** a sight test. The sight test may be carried out by a different optometrist who is not necessarily eligible to deliver the Post-Operative Review and Assessment element.

The practitioner will collect, record and report information on the following elements of the service provided:

- i. Name of post-op provider optometrist
- ii. Refractive data **both eyes**
- iii. Best corrected visual acuity **both eyes**
- iv. Intra Ocular Pressure (any method and both eyes)
- v. OCT only if clinically indicated and available. This will not attract an additional fee/payment from SPPG.
- vi. Patient-Reported Outcome Measure (PROM) – Is the Patient:
Not Pleased: Pleased: Very Pleased
- vii. Does patient require and want 2nd eye cataract surgery
- viii. Any other pertinent information

Patients need not be routinely dilated but practitioners should use their professional judgement and dilate in case of concern – e.g. any suspect iritis needs dilation to rule out posterior uveitis.

Failure to provide the information above, evidenced in the clinical records **and** via the correct CCG reporting template to the appropriate Health and Social Care Trust, may result in recovery of fees for the supplementary service and/or the sight test.

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.

Please refer to the supporting Post-Operative Cataract Service Guidance for detailed clinical information on eligibility.

Note: Only one review and assessment fee is payable per patient per surgical procedure and practitioners should check with patients to ensure they have not accessed their review with another practitioner or at another practice (for the same eye)

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 by 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 agreed elements of the clinical assessment in their clinical records
- b) Report the outcome of the agreed elements of clinical assessment on the CCG “Post-op Cataract Review and Assessment” reporting template and submit it to the Trust which was responsible for the patient’s surgery. These will be as follows:
 - i. BHSCT for patients who had surgery in:
 - Downe Hospital
 - South Tyrone Hospital
 - Royal Victoria Hospital
 - Mater Hospital
 - ii. WHSCT for patients who had surgery in:
 - Altnagelvin Area Hospital
 - Mid-Ulster Hospital

(Centres correct at time of press but may be subject to change)

Reports should be completed and submitted via CCG as close to the examination time as possible and no later than 5 days after the examination.

Note: If the records kept and submitted under a) and b) above do not include all of the information required under section 6.3, payment for the service will not be made, or may be recovered.

- c) Where clinically indicated, refer the patient back to the Hospital Eye Service (HES) by the appropriate referral pathway:
- Refer the patient to “Ophthalmology-General” using the usual CCG referral pathway. If there is concurrent wet AMD or proliferative diabetic retinopathy refer to Macular service.
 - Ensure that in the main “presenting symptoms/reason for referral” section it is clearly stated that the patient has had cataract surgery and provide the date of surgery (or approximate if the date is not known).
 - Ensure that all relevant clinical information including refractive outcomes is included.

For urgent referrals contact Eye Casualty in the normal manner. [Click here](#) for the detail of Ophthalmology Referral Pathway for Northern Ireland.

Optometrists should use their clinical knowledge and management guidelines in assessing post-operative outcomes and the urgency of any necessary referral for a post-operative complication.

All queries in respect of a patient must be directed to the Trust which provided their surgery.

6.6 REPORTING AND RECORD KEEPING

- a) The practitioner must submit a Cataract Post-op Review & Assessment Report via CCG to the Trust who referred the patient
- b) The contractor and the practitioner will ensure that they comply with current Regulations in regard to Data Protection (GDPR).
- c) The contractor and the 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 within the patient clinical record.**
- d) The contractor and the practitioner will ensure that all records, including referral provided under this service are legible.
- e) The contractor and the practitioner will comply with any reasonable request by the Strategic Planning and Performance Group (SPPG) 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. 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, and practitioner 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: [Adverse Incident Reporting - Business Services Organisation \(BSO\) Website \(hscni.net\)](https://www.hscni.net/Adverse-Incident-Reporting)

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, including in domiciliary settings. The following list is not specified nor exhaustive but as a minimum should include:
 - I. Slit Lamp (must be portable where service provided in a domiciliary setting. Please note that a loupe is not acceptable)
 - II. Tonometer
 - III. Means of Indirect Ophthalmoscopy
 - IV. Distance vision/acuity test chart
 - V. Near vision/acuity test type
 - VI. Amsler chart
 - VII. Appropriate ophthalmic drugs to include:
 - i. Mydriatic
 - ii. Anaesthetic
 - iii. Staining agents
- b) All ophthalmic diagnostic equipment must be calibrated, and where required, serviced in line with manufacturer's recommendations. The SPPG may require practices to provide documentary evidence of the servicing and maintenance of the ophthalmic equipment used for the service provision.

Note: Failure to comply with a) and b) above may result in the recovery of fees.

- c) The practitioner can only provide the service from an approved contractor premise and where that contractor has formally agreed with the SPPG to provide the service.

6.9 VERIFICATION

Any aspect of this service may be subject to verification checks by the SPPG. 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 **£35**.

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) Refer to MOS/351 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.
- 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) 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.**
- g) Payment is dependent on the provision of a full and accurate clinical report as detailed in 6.3, evidenced in the clinical records and submitted via the correct CCG form to the appropriate Health and Social Care Trust.
- h) All queries in relation to the submission of a claim for the service should be directed to the BSO Ophthalmic Claims and Payments team.

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 SPPG, should be provided in the required 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 practitioner must supply the SPPG 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 SPPG 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 eligibility of a practitioner for service provision where they do 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 SPPG at the earliest opportunity of their intention to withdraw from service provision.

