

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	
<b>Service</b>	Community Post Operative Cataract Surgery Follow Up Service
<b>Commissioner Lead</b>	BNSSG ICB Management Lead
<b>Provider Lead</b>	
<b>Period</b>	As per contract term
<b>Date of Review</b>	
<b>1. Population Needs</b>	
<p><b>1.1 National context</b></p> <p>Currently there is a national trend in the growth of demand for specialist eye services, and visual impairment is identified as one of the major health challenges now facing the NHS; along with cancer, heart disease and dementia.<sup>1</sup> Demand for specialist eye services is predicted to further rise as a result of the earlier diagnosis of chronic conditions, availability of new treatments, and population changes.</p> <p>A cataract is an eye condition in which the lens becomes cloudy over time. If untreated, cataracts can lead to severe sight impairment. Cataract is a very common condition with no sign of any non-surgical cure or significant preventative strategy. The number of patients with cataract is steadily growing with the increasing age of the population. Furthermore treatment and lenticular prostheses are becoming progressively more sophisticated, so that the demand for early cataract surgery to keep people at work, driving or functioning well at home is rising.</p> <p>Traditionally, eye care services have been a secondary care based specialty. However, the General Ophthalmic Services Review undertaken during 2006 and 2007 recognised the potential for a wide range noncomplex ophthalmic conditions including cataract follow up services, which are traditionally managed and treated in secondary care, to be delivered in a community setting.</p> <p>In response to rising national capacity constraints exacerbated by the impact of COVID-19, The College of Optometrists and The Royal College of Ophthalmologists released a joint statement of interim recommendations (June 2021), to discharge patients following routine uncomplicated cataract surgery. The intent is to rapidly increase hospital capacity to see patients with urgent, complex or sight-threatening disease with most follow-ups being undertaken by primary care<sup>2</sup>.</p> <p>These recommendations are supported by data from the National Ophthalmology Database Audit for Cataract Surgery (NOD) as well as by existing practice in some eye units. They are also compliant with the recommendations of the NICE Cataract Surgery: Adults guideline (NG 77, 2017), the RCOphth's NICE accredited Commissioning Guide: Cataract</p>	

<sup>1</sup> Bosanquet N, *Liberating the NHS: Eye Care*, Imperial College London: 2010

<sup>2</sup> The NHSEI National Eye Care Recovery & Transformation Programme Post-Operative Cataract Care Recommendations GUIDANCE Version 7 DRAFT, 19 October 2021

Surgery (2018) and the RCOphth / GIRFT Cataract Hubs and High Flow Cataract Lists (2021).

Building on the work to date across systems, additional action is recommended to manage certain groups of low-risk patients outside of traditional hospital-based pathways, where this can be delivered without compromising safety and quality of care. This includes patients who have had routine, uncomplicated cataract surgery. This cohort of patients should be determined by the local guidelines, protocols and governance in place across systems.

It is recommended pathways and supporting administration of eye care services should be refreshed to incorporate the following: -

1. Patients who have had routine, uncomplicated cataract surgery, and do not have a serious unstable ocular co-morbidity which specifically requires an extra post-operative hospital assessment, should be discharged from the hospital cataract service.
2. Post-operative care plans for patients to include understanding of post-operative pathway and access to advice or assessment for problems.
3. Discharge or Patient Initiated Follow-ups (PIFU) discharge
4. A sight test in primary eye care approximately four to six weeks after uncomplicated surgery.
5. No NHS patient who has received cataract surgery should have to pay for any aspect of follow up care - Commissioning arrangements should be in place to fund the sight test if the patient is not eligible for General Ophthalmic Service (GOS)
6. Postoperative complications identified within the sight test should be managed within primary care where appropriate.
7. Locally agreed protocols.
8. Data submission of post-operative outcomes back to the operating centre for local and national audit.

Optometrists have, within their core competency, the ability to manage a range of noncomplex ophthalmic conditions in the community and for the purposes of this contract, carry out post-operative cataract care.

### **1.2 Local context**

Currently in BNSSG, cataract patients are followed up post-surgery by their surgical provider, and then obtain their glasses from their local community Optometrist. There is repetition in this process as the community Optometrist is required to repeat most of the postoperative tests that have previously been done by the hospital clinicians before new glasses can be prescribed. The Community Post Operative Cataract Surgery Follow Up Service within BNSSG will help improve the patient journey by reducing the number of visits overall for the majority of patients, and to include as few visits to secondary care as possible, by offering the follow up and sight test (and new glasses) in one visit to a community optometrist.

## 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	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

### 2.2 Local defined outcomes

It is expected that the Community Post Operative Cataract Surgery Follow Up Service will result in the following outcomes:

- **Accessible service** – Community provision of cataract follow up appointments supports the Care Closer to Home agenda. Providing follow up appointments in the community should contribute to a patient pathway which is timely, convenient and appropriate to patient's needs.
- **Equitable service** - Community provision of cataract follow up appointments allow patients the choice of any contracted local community Optometry Practices, compared to just the secondary care provider.
- **Improved patient experience and more efficient pathway** – Community provision of cataract follow up appointments reduce the number of visits patients make to secondary care
- **Reduced waiting lists** – Increasing the number of cataract follow up appointments delivered in the community will reduce the waiting list for follow-up appointments in secondary care providers and streamline the patient pathway. Service will be run in conjunction with commissioner led, agreed referral management processes.

## 3. Scope

### 3.1 Aims and objectives of service

#### 3.1.1 Aims of the service

The aims of the Community Post Operative Cataract Surgery Follow Up Service are:

- To make the provision of cataract surgery in BNSSG more efficient through secondary care clinicians and community optometry practices working more closely together following an agreed cataract pathway (shown in appendix 1);
- To promote care in convenient locations, closer to the patient, and improve overall patient experience
- To reduce waiting times for ophthalmology outpatients appointments
- To deliver quality service provision which will be equal to that delivered in secondary care, at a reduced cost when compared to the same service provided in an acute setting
- To better utilise the knowledge and skills of Primary Care Optometrists
- To further develop relationships between Primary Care Optometrists, other health professionals and commissioning bodies.

### 3.1.2 Objectives of the service

The objectives of the Community Post Operative Cataract Surgery Follow Up Service are:

- To ensure that patients are seen by an accredited Optometrist, with the relevant skills and equipment, in a suitable location
- To offer patients a choice of locations for their cataract follow-up appointment, as close to their home as possible
- To comply with all relevant waiting times standards and ensure that the patient's care is delivered in a timeframe suitable to the patient's clinical, emotional and social needs (approximately 6 weeks post-surgery)
- To deliver safe, evidence-based care
- To work with other services and health professionals (both primary and acute based) as appropriate, to ensure an appropriately integrated ophthalmic pathway for local patients
- To provide accurate data about outcomes and patient satisfaction via Medisoft
- A service which is developed in line with patient and public feedback (both local and nationwide), and receptive to evidence-based change

## 3.2 Service description/care pathway

### 3.2.1 Service Description

The Community Post Operative Cataract Surgery Follow Up Service is a community-based service providing post-operative care to patients who have recently undergone cataract surgery and have been referred by their surgical provider.

The service will be delivered from a range of Optometry Practices across BNSSG and the surrounding areas. Optometry Practices will be incentivised financially to offer the service to the value of \*\*\* per follow up appointment. Participation in the scheme is based on a contractual basis to be provided by a contract holding Optometry Practice. To receive payment, they must employ accredited Optometrists who meet the required level of training and expertise as detailed in 3.7.

## 3.3 Population covered

Patients accessing the Community Post Operative Cataract Surgery Follow Up Service will be registered with a GP Practice within the boundaries of NHS BNSSG ICB (appendix 2) and will have had surgery undertaken by a HES commissioned by BNSSG CCG.

Location of service site will be the optometric practice area of the contractor.

## 3.4 Any acceptance and exclusion criteria and thresholds

### 3.4.1 Inclusion criteria

Patients suitable for referral to the Optometry Practice under the Community Post Operative Cataract Surgery Follow Up Service will satisfy the following:

- Post operative cataract patients referred to the Optometry Practice under the Community Post Operative Cataract Surgery Follow Up Service from Hospital Eye Service (HES)
- Patients aged 18 years or over
- Patients registered with a BNSSG GP Practice within NHS BNSSG ICB boundaries

### 3.4.2 Exclusion criteria

Patients are not suitable for referral to the Community Post Operative Cataract Surgery Follow Up Service if they fulfil any one of the following criteria:

- Patients aged under 18 years.
- Patients registered with a GP outside BNSSG.
- Patients who have undergone complicated cataract surgery (15 – 20% of patients). These patients should have their follow up care with the relevant surgical provider.

Services not specifically stated or detailed as part of this specification are excluded from this schedule and agreement.

### 3.4.3 Referrals

Patients who meet the inclusion criteria for the Community Post Operative Cataract Surgery Follow Up Service will be discharged from their surgical provider with a hard-copy of their discharge letter, management plan and appropriate instructions.

The patient on discharge from the HES will receive a list of Optometry Practices contracted to provide this service and be instructed to contact a Optometry Practice of their choice to arrange their follow-up appointment for approximately 6 weeks post-surgery.

This list will be maintained and updated by BNSSG ICB and any change to the list (i.e. should the Optometry Practice stop delivering the service because the accredited Optometrist has left) must be communicated immediately to: [bnssg.pc.contracts@nhs.net](mailto:bnssg.pc.contracts@nhs.net) to allow an updated list to be shared with HES for patient dissemination and BNSSG ICB for payment purposes.

The list of Optometry practices which provide the service will be sent regularly to the Hospital Eye Services.

## 3.5 Process

The Community Post Operative Cataract Surgery Follow Up Service requires the Optometrist to undertake the following processes during a follow up appointment approximately 6 weeks post-surgery:

Obtain general history – to include:

- Patient satisfaction with surgical outcome
- Any pain or discomfort

Eye examination to include:

- Uncorrected visual acuity for the operated eye and fellow eye
- Measure intra-ocular pressure of both eyes
- Sight test (post – operative refraction)
- Corrected visual acuity and refraction
- Full examination of the anterior segment of both eyes including a check for cells and flare and any sutures
- Dilation (if required)
- Check that the intra-ocular lens is clear, along with the posterior capsule.
- Examine the rest of the eye, in particular the macula and optic disc

The Optometrist should then:

- Input details of the patient follow up onto Medisoft using the PIN code on the discharge letter from HES

The Optometry Practice should then:

- Send in details of completion of follow up to BNSSG ICB for payment (including only the PIN and Unique Practice GDPR Identifier (Format = ODS code + 10 digit practice patient I.D as identifiers (proforma – appendix 3); and send a copy to BNSSG ICB for payment [bnssg.ceff.nca@nhs.net](mailto:bnssg.ceff.nca@nhs.net) and retain a copy in the patient's notes.

Bulk invoicing for payment is permitted, however it is advised only up to 4 weeks

It is imperative that the Optometrist endeavours to recognise early post-operative complications and in such cases immediately refers the patient back to the HES.

For BEH this is through a secure email to the following email account: [ubh-tr.behcataractfollowups@nhs.net](mailto:ubh-tr.behcataractfollowups@nhs.net) or BEH Eye A&E 0117 342 4613 (09:00 -16:00, 7 days a week)

Other provider details should be given directly to the practice.

These complications may include (but not exclusively) the following:

- Unanticipated visual acuity of less than 6/12 equivalent;
- Distortion of vision reported by patient
- Intraocular pressure above 21mmHg (but repeat measures can apply here)
- Anterior uveitis of more than occasional cells (> 5cells in a 3 x 1 mm beam)
- Any other significant concerns that the examining Optometrist may have.

Re-referral details should also be included in the 'Comments' box on Medisoft with brief details as to why.

If for whatever reason a patient needs a second follow up appointment, NHS BNSSG ICB will not pay an additional fee.

### **3.6 Staff**

In order to participate in the service, Optometry Practices should employ accredited Optometrists (see section 3.7) and have suitable equipment.

All persons employed within the Service are required to be skilled and experienced in the duties required of them and properly carry out the service with regards to:

- the task that the person has to perform;
- all relevant provisions of the contract;
- all relevant rules, policies, procedures and standards of the Commissioners;
- fire risks and fire precautions;
- the need for those working in the National Health Service to observe the highest standards of hygiene, courtesy and consideration;
- the requirements of the Health and Safety at Work Act 1974 and other relevant legislation and codes of practice.

### **3.7 Training**

The Optometrist should be able to perform all tasks listed in section 3.5. The competencies required for participating optometrists are all included in the core competencies defined by the General Optical Council (GOC).

Only Optometrists who have completed accreditation will be permitted to deliver the Community Post Operative Cataract Surgery Follow Up Service. Accreditation for participating Optometrists to participate in the Community Post Operative Cataract Surgery Follow Up Service will include:

- The WOPEC (Wales Optometry Postgraduate Education Centre) cataract modules
- Registration with the GOC

Optometrists delivering the service will be expected to ensure their continued professional development with respect to this service and evidence as such through training logs etc.

For practices to hold a contract under which accredited Optometrists can practice the practice must complete and provide evidence that they have completed all mandatory requirements of the latest relevant version of the Data Security and Protection Toolkit. Toolkit submissions must be made annually to maintain compliance

### 3.8 Interdependence with other services / providers

The Provider will work with other primary and acute based services and health care professionals as appropriate, to ensure an appropriately integrated cataract pathway for BNSSG cataract patients.

### 3.9 Quality and monitoring

The Provider will work with NHS BNSSG ICB and HES to monitor and evaluate the service over the lifetime of the contract to ensure that the pathway runs smoothly, the aims of the service are delivered, and the needs of the BNSSG population are met.

The Commissioner will audit the Community Post Operative Cataract Surgery Follow Up Service in the following ways:

- The use and reporting of patient experience surveys and development of action plans to improve where necessary, patient experience in response to survey results.

All NHS organisations are using the 'Friends and Family Test' (FFT) and we would want to encourage the provider to ask all patients the following questions using an FFT card. Example given below:

**HAVE YOUR SAY TO IMPROVE YOUR CARE**

We welcome patient feedback to tell us what we are doing right and what we can improve.  
We would like you to think about your recent experience of our services. How likely are you to recommend our practice to friends and family if they needed similar care or treatment?

Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about your response to this question, what is the main reason why you feel this way?

The Commissioner wishes to receive quarterly information on the percentage of patients who have responded to the FFT survey and of those the percentage of patients who are 'high likely' plus those 'likely' to recommend the service to a friend or family.

For further information <http://www.nhs.uk/NHSEngland/AboutNHSservices/Pages/nhs-friends-and-family-test.aspx>

- Via Medisoft and HES contract monitoring meetings:
  - Number / percentage of follow up appointments delivered under the scheme compared to number / percentage of follow ups delivered in HES
  - Outcome of follow up appointments including whether the patient is being referred for operation on second eye
  - Financial monitoring through ICB payments.

The Optometry Practice shall, annually provide the Commissioner with the following as stipulated by NHS standard Terms & Conditions within an Annual Service Quality Performance Report:

- Episodes of Duty of Candour (if any) and details thereof;
- Never events (if any) and details thereof;
- Complaints – setting out numbers of complaints received and including analysis of key themes in content of complaints;
- Summary report of all incidents, including number, detail and resolution.

The Optometry Practice shall, on request, provide the Commissioner with any information relevant to the service to support the audit, including the following information:

- Number of referrals received
- Details / copies of patient record
- Details of patients referred to Hospital Eye Service (HES)

All Serious Incidents, Reportable Patient Safety Incidents and Other Patient Safety Incidents must be communicated to BNSSG ICB as stipulated in Schedule 6C.

#### 4. Applicable Service Standards

##### 1.1 Applicable national standards (e.g. NICE)

The Provider (Optometry Practice) will comply with all relevant and appropriate national standards and NICE guidance.

##### 4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- The Optometry Practice warrants that they employ qualified Optometrists registered with the General Optical Council and that they will at all times maintain a high clinical standard to meet the requirements of the General Optical Council.
- The Optometry Practice will observe the legal requirements and professional guidelines of the General Optical Council Code of Conduct and the College of Optometrists Guidelines.
- The Optometry Practice will ensure that they are covered by up to date professional indemnity insurance at all times for services being provided under this contract.

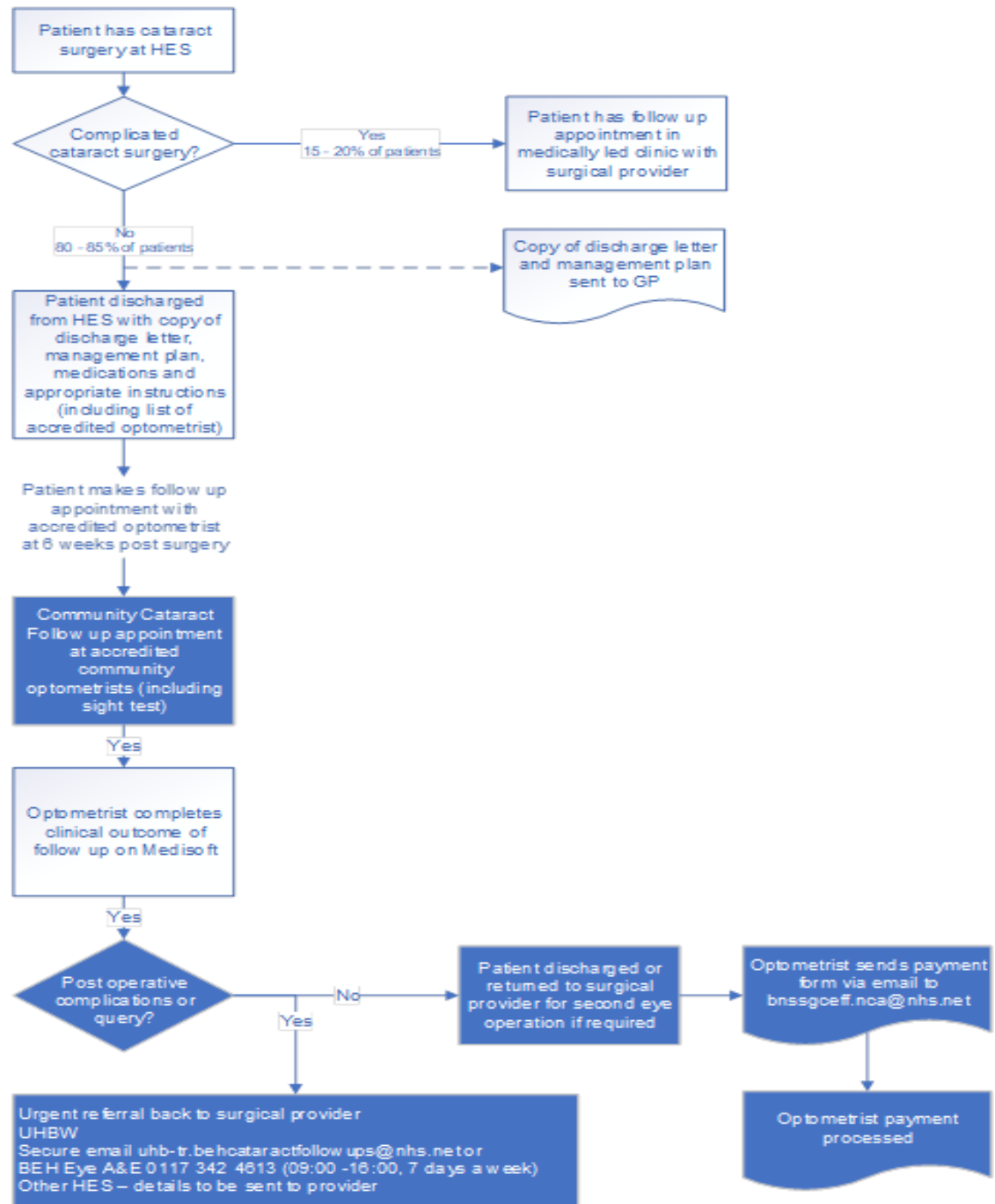
##### 4.3 Applicable local standards

The Provider (Optometry Practice) will comply with all relevant and appropriate locally agreed standards:



<ul style="list-style-type: none"> <li>• Clinical practice – will adhere to the Community Post Operative Cataract Surgery Follow Up Service process and criteria as detailed in sections 3.4 and 3.5.</li> <li>• NHS mail – will act in accordance with guidance on use of NHSmail, including the security and protection of passwords. Registration and renewal of NHS.net passwords will be supported by BNSSG ICB and South West Commissioning Support Unit.</li> <li>• Information sharing – will ensure the relevant clinical information is completed on Medisoft Patient administration system and that the claim forms are fully completed and sent to BNSSG ICB following each Community Cataract Follow Up appointment.</li> </ul>
<p><b>4.4 Payments</b></p> <p>All Optometry Practices will need to be registered as a Provider to BNSSG ICB (if not already a Provider of services) and have sent an email with a company headed letter attached confirming bank details to the BNSSG ICB Finance team, (email: <a href="mailto:bnssg.ceff.nca@nhs.net">bnssg.ceff.nca@nhs.net</a>) details of which will be put into a Supplier Financial Details form; this will then take 3 weeks to set up for payment.</p> <p>Once set up and the service is running, the process from receipt of the 'Payments' form to the optometrist receiving payment will take up to but not exceed 30 calendar days, unless a query arises in which case the Optometry Practice will be notified.</p>
<p><b>4.5 Exit Arrangements</b></p> <p>Should an Optometry Practice stop delivering the service, this must be communicated immediately to: <a href="mailto:bnssg.pc.contracts@nhs.net">bnssg.pc.contracts@nhs.net</a> to allow an updated list of Optometry Practice who provide this service to be shared with HES for patient dissemination.</p>
<p><b>5. Commissioner Roles and Responsibilities</b></p> <ul style="list-style-type: none"> <li>• To continue to process valid payments to Optometry Practices during the life of the service contract</li> <li>• To monitor the service on an annual basis to ensure quality of patient care</li> <li>• To review the service annually to determine continuation or amendment to service</li> <li>• To work with the Hospital Eye Service and Community Optometrists to resolve any service issues that arise</li> </ul>
<p><b>6. Location of Provider Premises</b></p> <p>The Provider's Premises are located at:</p> <p>Premise 1:</p>

## Appendix 1 - Community Post Operative Cataract Surgery Follow Up Service Pathway (UPDATED May 2022)



## **Appendix 2 - BNSSG GP practices**

A current list of BNSSG practices can be found at: <https://bnssgccg.nhs.uk/about-us/our-members/>

A current list of BNSSG localities can be found at: <https://bnssgccg.nhs.uk/about-us/our-localities/>

## Appendix 3 – Proforma for payment



Bristol, North Somerset  
and South Gloucestershire  
Clinical Commissioning Group

### NHS Bristol, North Somerset and South Gloucestershire (BNSSG) CCG Community Cataract Follow Up Service Payments Form

<p>This form should be used following a NHS BNSSG CCG Community Cataract Follow Up appointment.</p> <p>Please send completed form to: <a href="mailto:bnssg.ceff.nca@nhs.net">bnssg.ceff.nca@nhs.net</a> for payment or post to BNSSG CCG Finance, 4<sup>th</sup> Floor, 360 Three Six Zero, Marlborough Street, Bristol, BS1 3NX.</p> <p>Emails do not have to be sent from a secure (@nhs.net) account but <b>MUST NOT CONTAIN PATIENT IDENTIFIABLE DATA.</b></p>			
<b>SECTION A – PATIENT DETAILS</b>			
Medisoft PIN number:			
<u>For Finance Purposes</u> Unique Practice GDPR Identifier (Format = ODS code + 10 digit practice patient I.D)			
<b>SECTION B – OPTOMETRY PRACTICE DETAILS</b>			
NAME & ADDRESS OF CONTRACTED OPTOMETRY PRACTICE PERFORMING FOLLOW UP			
<b>SECTION C – DETAIL OF CATARACT FOLLOW UP</b>			
DATE OF PATIENT'S CATARACT SURGERY			
DATE OF FOLLOW UP APPOINTMENT			
OUTCOME OF FOLLOW-UP APPOINTMENT	<input type="checkbox"/> Discharged	<input type="checkbox"/> Referred back to surgical provider	<input type="checkbox"/> Referred to A&E
DATE			
OPTOMETRIST / OPTOMETRY PRACTICE SIGNATURE:			
OPTOMETRIST / OPTOMETRY PRACTICE PRINTED NAME:			
The table below sets out the schedule of local tariffs agreed for this service, and which the Provider will charge the Commissioner in respect of services rendered.			
	Tariff		
Cataract Follow up Appointment tariff	£43.00		
After NHS BNSSG CCG have checked the Payment Claim forms, NHS BNSSG CCG will process payments, which are made by BACS to practices via the signed contractor, on a monthly basis. Fees will be reviewed in line with the annual NHS Operating Framework. There is an expectation that the Provider will keep the number of follow up appointments to a minimum, and that therefore ordinarily patients will not need or receive more than one follow up appointment. Where more than one follow up appointment is required, the Provider will need to report this to the Commissioner and explain the reasons for these additional follow ups before the Commissioner will pay the follow up charges.			
The Commissioner will not pay any additional or alternative charges to the Provider in respect of services rendered by the Provider. Similarly NHS BNSSG CCG will not pay for any services provided which are not listed in this contract. The Commissioner will not pay any monies to the Provider in respect of patients who Do Not Attend (DNA) their appointment, or those who are seen and treated by the Provider who do not meet the inclusion criteria listed in section 3.4.1 of Schedule 2 (A). This includes patients who do not meet the relevant criteria under any applicable Interventions Not Normally Funded (INNF) policies which the Commissioner has enacted, or chooses to enact, during the period of this agreement. The Commissioner will not pay any monies to the Provider in respect of cancelled appointments which are a result of Provider error or are cancelled by the Provider.			



