Health and Social Care Board

# NORTHERN IRELAND PRIMARY CARE OPTOMETRY ENHANCED SERVICE

## Glaucoma and Ocular Hypertension Enhanced Case Finding (Level II ES)

## SERVICE COMMENCED 1ST JUNE 2016

*(Service Specification v3 June 2021)*

### 1. INTRODUCTION

This Level II Enhanced Service (Level II ES) specification outlines an enhanced service to be provided. This service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of core GOS services and the existing Intra Ocular Pressure Repeat Measures Enhanced Service (Level I ES). No part of the specification by commission, omission or implication defines or redefines essential or additional services.

### 2. BACKGROUND

This Level II ES funds accredited optometrists/OMPs to provide enhanced case finding by permitting payment for a defined set of clinical tests to be performed in primary care optical practices with the intention of enhanced case finding for glaucoma, suspect glaucoma or ocular hypertension and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination.

### 3. EVIDENCE BASE

The evidence to support the development of this Level II ES is:


1. NICE, 2017: guideline, NG81, Glaucoma: diagnosis and management
2. Health and Wellbeing 2026: Delivering Together, DoH October 2016
3. NICE, Quality Standard for Glaucoma (QS7, updated November 2017)
4. Royal College of Ophthalmologists Commissioning Guide: Glaucoma (June 2016)
5. Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland, DHSSPS 2012
6. UK Vision Strategy, 2008
7. Henson DB et al, 2002. Community refinement of glaucoma referrals, Eye 2002; 16, 1–6
8. Gray et al, 1997. The Bristol shared care glaucoma study - validity of measurements and patient satisfaction. Journal of Public Health Medicine 1997; Vol. 19, No. 4, pp. 431-436

## 4. AIMS

The aims of the Level II ES for Glaucoma and Ocular Hypertension Enhanced Case Finding are:

i. To reduce the number of inappropriate referrals to secondary care ophthalmology for the confirmation of a diagnosis and treatment commencement for patients with Glaucoma and Ocular Hypertension, thereby reducing the burden on secondary care.

ii. To integrate and optimise the available skilled workforce in primary care optometry within the Glaucoma care pathway aligned to Objective 6 of Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland [5]. In doing so the service will deliver appropriate, safe and effective care for patients closer to home with reduced waiting times, reduced patient anxiety and good patient experience.

## 5. OBJECTIVES

i. To provide an enhanced service in primary care for Glaucoma and Ocular Hypertension Enhanced Case Finding service which is easily accessible for patients and delivered by accredited primary care optometrists consistent with: the NICE quality standard[3], the Royal College of Ophthalmologist Commissioning Guidance for Glaucoma[4] and where the accreditation meets the College of Optometrists' Professional Certificate Level in Glaucoma.

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 using key indicators of performance and quality as outlined in Appendix 1.

iv. To incorporate ophthalmic public health messages into the glaucoma care pathway in relation to eye health by the provision of information by primary care optometrists providing the Level II ES aligned to Objective 1 of Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland[5].

v. To build on existing relationships between primary and secondary care to support future developments within the Glaucoma Care Pathway.

## 6. SERVICE SPECIFICATION

### 6.1 PATIENT ELIGIBILITY CRITERIA

***Patients INCLUDED in Level II ES:***

i. All patients MUST be registered with a GP in Northern Ireland and have a current Health and Care Number.

**NOTE: Practitioners should check the patient history, including reference to the NIECR for the patient to ensure that the patient has not been previously referred for suspect Glaucoma or OHT and/or is already attending the glaucoma service. The outcome of this may be that providing the enhanced service is not indicated.**

**AND**

ii. Level II ES will be provided to enhance case find for suspected glaucoma /OHT referral in a patient who has one or more of the following clinical signs: *(Please note CD refers to Cup : Disc ratio)*

i. Patients aged 18yrs or over with IOP ≥24mm Hg with normal fields and CD appearance following provision of Level I ES Repeat Measures

**Please note in this instance Level I ES fee will not be applicable and the Level II ES applies**

ii. A repeatable visual field defect/loss alone (i.e. normal IOP and disc appearance) – visual field loss i.e. 'suspicious' or 'defect' following examination by automated perimetry with normal IOP and normal CD appearance

iii. IOP ≥24mmHg **and** suspicious CD appearance (i.e. normal fields) – the following parameters apply:
   a) IOP ≥24mmHg in either eye and CD of 0.5 or greater in that eye
   b) IOP≥24mmHg in one eye with CD of that eye 0.2 or more greater than the other eye
   c) IOP ≥24mmHg in one eye with documented change in CD of 0.2 or greater
   d) IOP ≥24mmHg in one eye with evidence of a disc haemorrhage (merits closer inspection for early nerve fibre loss)

iv. Anterior segment signs of secondary glaucoma (e.g. pseudoexfoliation) with raised IOP (IOP criteria as noted in criteria (i) above)

***Patients EXCLUDED from the Level II ES:***

Patients with the following clinical findings are **not eligible** for Level II ES and should be referred in line with usual agreed protocols if you identify any one or more of the following clinical findings:

1. Acute glaucoma (angle-closure or rubeotic) is a referral emergency and patients with this condition (or suspected condition) are not eligible and should be considered as an urgent referral to secondary care.

2. Patients with Intra Ocular Pressure in one or both eyes ≥35mmHg in the presence of active uveitis are not eligible and should be considered as an urgent referral to secondary care.

3. Optic disc appearance alone – pathological cupping must be unequivocal. Disc size should be considered when deciding whether or not discs are suspicious – large cups on large discs are less likely to be suspicious than large cups on small discs.

4. Definite post-chiasmal and chiasmal visual field defects are not eligible as they are unlikely to be associated with glaucomatous change and require other investigation.

5. Patients in whom there is a visible and untreatable cause of field loss such as dry or end-stage wet age-related macular degeneration are not eligible.

## 6.2 OVERALL CONTRACTOR RESPONSIBILITY

i. The contractor is responsible for all aspects of the service provision in line with this service specification

ii. It is the contractor's responsibility to ensure that the individual practitioners providing the service on their behalf are eligible to do so

iii. The contractor is required to provide annual assurance declaration in respect of the enhanced service provision

## 6.3 INDIVIDUAL PRACTITIONER ELIGIBILITY

The following criteria enable accreditation for provision of the service:

i. Registration with the General Optical Council/General Medical Council

**AND**

ii. An Optometrist/OMP will have a current personal code for provision of General Ophthalmic Services in Northern Ireland

**AND**

iii. An Optometrist/OMP must be listed for the the Intraocular Pressure Repeat Measures (Level I) ES before commencing the accreditation process for the service

**AND**

iv. An Optometrist will hold the College of Optometrists' Professional Certificate Level in Glaucoma and is required to provide evidence of this qualification

**AND**

v. Attendance at an initial information/sign-up session **and** ongoing **annual CPD** as determined by the HSCB

### 6.4 SERVICE TO BE PROVIDED

The Optometrists/OMP will:

1. Perform each of the following ophthalmic clinical tests on **eligible patients (section 6.1):**

i. Measurement of Intra Ocular Pressure via Goldmann contact tonometry
ii. Examination and assessment of the Anterior Chamber with estimation of angle width
iii. Assessment of the Optic Nerve Head by dilated binocular indirect ophthalmoscopy
iv. Assessment of the Visual Field using central thresholding testing perimetry (automated)

Please note: Where optometrists have access to a Pachymeter and fundus camera, or Ocular Coherence Tomography (OCT) with suitable capability, central corneal thickness could also be measured and fundus imaging results noted as good practice though additional remuneration is currently **not available** for this.

2. Collect and record information on the following:

i. Gender
ii. Ethnicity
iii. Family history
iv. Age
v. Relevant medical history and
vi. Patient experience (refer to website for current version https://hscbusiness.hscni.net/services/2480.htm )

### 6.5 SERVICE OUTCOMES – REFERRAL PROTOCOLS

The following protocols for referral of patients to secondary care following assessment apply **AFTER** the clinical tests performed have evidenced the findings noted in the table below. Referrals should be made using the appropriate referral pathway with all clinical observations fully completed.

| Single Referral Criteria | Combined Referral | Additional Referral |
|---|---|---|

| | Criteria | Criteria |
|---|---|---|
| **IOP:**<br><br>Patient over 18yrs old with IOP ≥24mmHg confirmed at a second visit<br><br>If IOP > 35mmHg then no confirmatory measurement is necessary | **IOP and DISC APPEARANCE:**<br><br>Raised IOP **<u>plus</u>** an optic disc appearance suspicious of glaucoma or optic disc asymmetry | **DISC APPEARANCE:**<br><br>Optic disc change over time e.g. increase in cup size, change in the rim appearance, or the occurrence of a new haemorrhage (documented within the service). Refer for an optic disc haemorrhage only where there are additional optic disc and/or other indicators of glaucoma |
| **DISC APPEARANCE:**<br><br>Unequivocal pathological cupping at the optic nerve head<br><br>Abnormal neuroretinal rim configuration. Large cup, taking into account the overall size of the disc<br><br>Notched neuroretinal rim<br>A >0.2 asymmetry of cup to disc ratio<br><br>The existence of a disc haemorrhage merits closer inspection for early nerve fibre loss. Refer for an optic disc haemorrhage only where there are additional optic disc and/or other indicators of glaucoma | **DISC APPEARANCE and VISUAL FIELDS:**<br><br>Glaucomatous optic disc and corresponding visual field defect (IOP not raised) | **ANTERIOR SEGMENT SIGNS:**<br><br>Anterior segment signs of secondary glaucoma (e.g. pseudoexfoliation) with raised IOP ≥24mmHg **<u>on two occasions</u>** |
| **VISUAL FIELDS:**<br><br>Visual field loss consistent with a diagnosis of glaucoma, confirmed at a second visit. If explained by other disc or retinal pathology to be referred as such and should not be provided Level II ES | | |

**6.6 RECORD KEEPING**

1. The contractor and/or Optometrist/OMP will ensure that they comply with current regulations in regard to Data Protection.

2. The contractor and/or Optometrist/OMP must ensure that records kept of services provided are full, accurate and contemporaneous and these must be retained according to the peer accepted guidance (e.g. the College of Optometrists).They should be clearly identified as a Level II ES episode within the patient clinical record and should include the reason why the patient is eligible for the service.

3. The contractor and/or Optometrist/OMP will comply with any reasonable request by the Health and Social Care Board or their representative, to view records of patients on who enhanced case finding has been carried out, for clinical governance purposes.

4. The contractor and/or Optometrist/OMP will ensure that all records for this service are legible.

## 6.7 FACILITIES AND EQUIPMENT

1. The contractor and/or Optometrist/OMP will ensure that they have the necessary equipment needed to provide this service.

    i. Applanation tonometry – the equipment is a Goldmann-type applanation tonometer (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
    iii. Automated visual field instrument(s) capable of central thresholding test
    iv. Minims of suitable anaesthetic drops and sodium fluorescein

2. 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 Level II ES provision.

3. The Optometrist/OMP must provide Level II ES from an approved GOS contractor premise.

## 6.8 CLINICAL GOVERNANCE

1. The Optometrist/OMP may only provide the service in a contractor practice which has agreed with HSCB to provide the enhanced service.

2. If the patient is referred to hospital it is important that all the relevant clinical information is included on the referral so that the ophthalmologist can prioritise the referral. Failure to adequately complete a comprehensive referral may result in non-payment.

3. Optometrists/OMPs 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

4. The Optometrist/OMP shall not link sight tests with the provision of the service. In particular, any Optometrist/OMP providing Level II ES to another practice's patients shall not solicit further business from that patient (e.g. a sight test or dispensing) although this provision shall not prevent the Optometrist/OMP from undertaking such further business in circumstances where the patient specifically requests it. For the avoidance of doubt, this does not preclude an Optometrist/OMP from carrying out the service to its own patients at the same time as it conducts a sight test in respect of that patient for the convenience of the Optometrist/OMP's own patients.

5. Optometrists/OMPs who participate in the enhanced service should demonstrate an ongoing level of activity.

## 7. FEE LEVELS

The fee level for the Level II ES in Glaucoma and Ocular Hypertension Enhanced Case Finding provided to **eligible** patients registered with a General Medical Practitioner (GP) in Northern Ireland is £50.

**PLEASE NOTE: A fee can only be claimed for Level II ES once per patient in line with DoH guidance on sight test intervals.**

## 8. VERIFICATION AND PROBITY ASSURANCES

Any aspect of this service may be subject to verification checks by the Health and Social Care Board and the Business Services Organisation.

## 9. PAYMENT PROCESS

A Level II ES claim form should be completed for each patient examined under the service.

Please note that claims must be submitted **no later than three months** after the date of service provision. Contractors should put in place a system to check that they receive payment for all valid claims submitted.
Contractors and/or practitioners must ensure that they only send payment claims for patients who are registered with a General Medical Practitioner in Northern Ireland.

Contractors and/or practitioners must also 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 will not be processed without the patient's HCN.**

## 10. REVIEW AND AUDIT

1. 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 enhanced service in future years.

2. The service will be audited to ensure it meets its aims. To this effect the contractor must supply the Health and Social Care Board with such information as it may reasonably request for the purposes of monitoring performance of its obligations under this enhanced service to include revalidation as required.

## 11. TERMINATION

The Health and Social Care Board reserves the right to:

1. Terminate the provision of the enhanced service by a contractor who does not comply with the service specification in force at the time of service provision.

2. Withdraw accreditation of an individual practitioner who does not fulfill the eligibility criteria in force at the time of service provision.

3. A contractor who is unable to provide the service in line with the service specification and supporting service protocols and guidance should notify the Health and Social Care Board at the earliest opportunity and in line with guidance noted in the service protocol. Any Contractor or individual practitioner who wishes to withdraw entirely from the Enhanced Service must notify the Health and Social Care Board (HSCB) in writing of their intention to do so giving 14 days' notice. The Health and Social Care Board may also withdraw provision of this service giving 14 days' notice, except where service provision or patient safety is compromised in which case the HSCB may withdraw the service immediately from a Contractor or an individual practitioner.

## 12. APPENDICES

APPENDIX 1: Quality and Performance Indicators for Level II Enhanced Service

Quality and Performance Indicators

| | Indicator | Benefit to Glaucoma Care Pathway | Mechanism | Monitoring |
|---|---|---|---|---|
| **Service Delivery and Improvement** | Number of referrals to HES Glaucoma service following Level II Enhanced Service | Reduction in false positive referrals to secondary care | Audit | As required |
| **Quality**<br><br>1. Compliance with NICE | NICE, NG81 (2017) | Effective and efficient use of HSC resources | Clinical Audit of patient records | As required |
| 2. Service User Experience | Complaints and Patient Experience Survey | | Analysis of patient surveys and resolution of complaints | Ongoing |
| 3. Adverse Incidents | Adverse Incident Reporting | | Investigation and review of AIs | Ongoing |
| **Access** | Number of patients accessing Level II ES | | Audit | Ongoing |
| **Assurance and Probity** | Service Specification - 100% assurance on claims | | Post Payment Verification | In usual PPV cycle |