

NORTHERN IRELAND PRIMARY CARE OPTOMETRY ENHANCED SERVICE

Intra Ocular Pressure Repeat Measures (Level I ES)

**COMMENCED 1ST DECEMBER 2013
(Service Specification Update November 2018)**

1. INTRODUCTION

This Enhanced Service specification for Intra Ocular Pressure Repeat Measures (Level 1) outlines an enhanced optometric service. This service is designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential, core, General Ophthalmic Services and other Primary Care Optometry Enhanced Services. No part of this specification by commission, omission or implication defines or redefines General Ophthalmic Services.

2. BACKGROUND

The aim of the Intra Ocular Pressure Repeat Measures service is to reduce the numbers of false positive referrals for ocular hypertension (OHT). This enhanced service achieves this aim by funding contractors to refine referrals by permitting payment for a repeat intra ocular pressure test.

Contractors are funded for Optometrists/OMPs to repeat intra ocular pressure measurements using an applanation method (Perkins or Goldmann type) to gauge whether the patient has intra ocular pressure that is consistently or recurrently ≥ 24 mmHg and therefore needs to be referred in line with NICE Guidance.

This enhanced service is designed to reduce the number of inappropriate referrals and so 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 provision of this Enhanced Service is:

- a) Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland, DHSSPS 2012
- b) NICE Guideline NG81, Glaucoma: diagnosis and management, November 2017.

4. AIM

The aim of this Intra Ocular Pressure Repeat Measures enhanced service is to assist contractors in refining referrals prior to deciding whether or not a patient should be referred for high intra ocular pressure in the absence of clinical signs of glaucoma as an ocular disease.

Provision of this enhanced service for patients with suspected Ocular Hypertension is in addition to and supports the advice and guidance provided by NICE in NG81. This advice relates to the other clinical tests which should be offered prior to any referral and the subsequent provision of the results of all examinations and tests in a referral.

5. SERVICE SPECIFICATION

5.1 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 sign an annual enhanced service agreement and will be required to provide annual assurances in respect of the enhanced service provision.

5.2 INDIVIDUAL PRACTITIONER ELIGIBILITY – TRAINING AND ACCEPTANCE AS A PROVIDER

Optometrists/OMPs who have completed and passed the approved Intra Ocular Pressure Repeat Measures ES (Level I) training and accreditation shall be deemed suitably qualified to offer the enhanced service **only** if listed as working in a practice that is contracted to provide the enhanced service.

Optometrists/OMPs who participate in the enhanced service will be required to demonstrate a continuing and sustained level of activity.

5.3 SERVICE TO BE PROVIDED

False positive referrals cause unnecessary anxiety to the patient, paperwork for the practitioner and a waste of hospital resources. The aim of this Intra Ocular Repeat Measures enhanced service is to enable contractors to provide a service for IOP Repeat Measures on eligible patients. The service is provided by repeating intra ocular pressure measurements, using an applanation method (Perkins or Goldmann type).

NICE guidance states that adults with intra ocular pressure that is consistently or recurrently ≥ 24 mmHg should be referred for suspect and have further examinations within the hospital eye service including; applanation tonometry (Goldmann), gonioscopy and pachymetry by a specialist healthcare practitioner (see NICE Guideline for full details, available at www.nice.org.uk).

If the intra ocular pressure measured at the patient's initial eye examination is ≥ 24 mmHg, and a patient may normally be referred, in order to avoid an unnecessary false positive referral it is desirable to repeat this measurement using Goldmann or Perkins tonometry.

This can be done at the same appointment as the patient's eye examination although best practice is that it is better repeated on a different day/time. The Repeat Measures test should take place within 28 days from initial examination. Any repeat measurements which take place outside this timeframe must have prior approval from a HSCB optometric adviser. A payment for this repeat measures test can be claimed.

5.4 PATIENT ELIGIBILITY CRITERIA

Patients INCLUDED in the Enhanced Service

- a) Adults registered with a GP in Northern Ireland **AND**
- b) Who are aged 18 years and older who have routinely had their intra ocular pressure measured and who have been found to have raised intra ocular pressure ≥ 24 mmHg.

Patients EXCLUDED from the Enhanced Service

Patients should be referred normally if you identify any one, or both, of the following clinical signs during your examination. If these signs are noted the repeat measures test should NOT be used and no claim for a fee under the Intra Ocular Pressure Repeat Measures enhanced service can be made:

- a) Optic disc signs consistent with glaucoma in either eye
- b) A visual field defect consistent with glaucoma in either eye

5.5 RECORD-KEEPING

- (a) The contractor will ensure that they comply with all current regulations in regard to Data Protection.
- (b) The contractor must ensure that records kept of services provided under this enhanced service are full, accurate and contemporaneous and these should be retained according to peer accepted guidance (e.g. the College of Optometrists, Guidance for Professional Practice).

- (c) The contractor will comply with any reasonable request by the Health and Social Care Board, or their representative, to view records of patients on whom the enhanced service has been carried out, and will ensure that the reason for the repeat pressures test is clear from the patient record.
- (d) The contractor and the practitioner will ensure that records of any services provided under this service are legible.

5.6 FACILITIES/EQUIPMENT

The contractor will ensure that they have adequate equipment needed to provide this service. For performing applanation tonometry the equipment needed is a Perkins or 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 (please see <http://www.college-optometrists.org/en/utilities/document-summary.cfm?docid=EBEDBDAB-AD05-404C-8850B2E9D5A2EE37> for full details).

The tonometry equipment must be regularly calibrated in line with manufacturer's recommendations. This includes all non-contact and contact tonometers used in screening prior to a repeat measures test being employed.

The enhanced service must be provided from an approved premise.

5.7 CLINICAL GOVERNANCE

- a) The contractor must ensure and satisfy themselves that all individual practitioners providing the enhanced 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 enhanced service and have passed the accredited training as facilitated by the Health and Social Care Board.
 - iv. Have signed the Individual Practitioner Enhanced Service Agreement.
- b) The contractor will sign an annual enhanced service agreement and will be required to provide annual assurances in respect of the enhanced service provision.
- c) If the patient is referred to hospital it is important that all the relevant clinical information is included on the referral letter so that the ophthalmologist can prioritise the referral. Information within any referral should take account of NICE Guideline 81 (NG81). Failure to adequately complete a full and legible referral may result in non-payment of the additional fee under this enhanced service.
- d) Contractors providing the enhanced 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. FEE LEVELS

The fee level for the Intra Ocular Pressure Repeat Measures are provided to patients registered with a General Medical Practitioner (GMP) in Northern Ireland is:

£19 for repeating applanation tonometry.

PLEASE NOTE: A fee can only be claimed for repeating Intra Ocular Pressure measurement once per patient in line with DoH guidance on sight test intervals.

7. VERIFICATION & PROBITY ASSURANCES

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

8. PAYMENT PROCESS

- a) **Payment procedure:** A Level I/Level II Enhanced Service Claim form should be completed for each patient seen under this enhanced service. Claims for payment can be sent using the method determined by the Business Services Organisation for validation and processing of claims. Please note that claims must be submitted no later than three months after the date of service provision
- b) 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.
- c) Contractors must ensure that they only send payment claims for patients who are registered with a General Medical Practitioner in Northern Ireland. Contractors must also ensure that the Health and Care Number (HCN) for each patient for whom the enhanced service is provided is annotated on the Enhanced Service claim form. **Payment for the enhanced service will not be processed without the patient's HCN.**

9. REVIEW AND AUDIT

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.

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.

10 TERMINATION/SERVICE WITHDRAWAL

The Health and Social Care Board reserves the right to:

- a) 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
- b) Withdraw accreditation of an individual practitioner who does not fulfill the eligibility criteria in force at the time of service provision.
- c) 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 Optometrist 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 Enhanced 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 Optometrist.

APPENDICES

APPENDIX 1: Enhanced Service for Intra Ocular Pressure Repeat Measures: Contractor Agreement

APPENDIX 2: Enhanced Service for Intra Ocular Pressure Repeat Measures: Individual Practitioner Agreement

**Primary Care Optometry Enhanced Service:
Contractor Service Agreement**

This document constitutes the agreement between the Contractor and the Health and Social Care Board in regard to the Primary Care Optometry Enhanced Service detailed below.

Contractor Details	
Contractor Name	
Contractor Practice Code	
Address	
Contractor Practice HSCNI email address	
LCG Area	
Name of Enhanced Service	Intra Ocular Pressure Repeat Measures (Level 1)
Declaration:	<p>The above contractor agrees to and is responsible for the provision of the Enhanced Service stated in line with the service specification (operational at the time of service provision).</p> <p>The contractor will ensure that the individual practitioner(s) providing the service in the contractor premise fulfil the eligibility criteria and is/are accredited to provide the service.</p> <p>The contractor will inform the Health and Social Care Board of any changes in the provision of the enhanced service including changes in the individual practitioner(s) eligible to provide the service.</p>
Name of Contractor / Practice Owner / Practice Principal (PRINT)	
Signature	
Date	

Health and Social Care Board	
Date of Initiation of Agreement	
Name and Signature of HSCB Representative	

Please complete and return form by email to: amy.mcatamney@hscni.net , or Complete and return by Post to: Amy McAtamney, Directorate of Integrated Care, Health and Social Care Board, 182 Galgorm Road, Ballymena, County Antrim, BT42 1QB.

APPENDIX 2



Primary Care Optometry Enhanced Service:
 Individual Practitioner Service Agreement
LEVEL I Intra Ocular Pressure Repeat Measures

This document constitutes the agreement between the Optometrist/OMP and the Health and Social Care Board in regard to the Primary Care Optometry Level I Intra Ocular Pressure Repeat Measures Enhanced Service.

Optometrist/OMP Details	
Name	
GOC / GMC Registration Number	
GOS Personal Code	
Contact email address	
Declaration:	<p>I fulfil the eligibility criteria and agree to provide the enhanced service in accordance with the service specification (operational at the time of service provision).</p> <p>I will notify the contractor and the Health and Social Care Board if I am no longer eligible, or cease, to provide the service in line with the service specification (operational at the time of service provision).</p>
Signature	
PRINT NAME	
Date	
Health and Social Care Board Details	
Date of Initiation of Agreement	
Evidence of Eligibility to provide service	<input type="checkbox"/> <i>Professional Registration & Qualifications</i>
Name and Signature of HSCB representative	

Please complete and return form by email to: amy.mcatamney@hscni.net, or Complete and return by Post to: Amy McAtamney, Directorate of Integrated Care, Health and Social Care Board, 182 Galgorm Road, Ballymena, County Antrim, BT42 1QB.

