INTRODUCTION

This local enhanced service (LES) specification outlines a more specialised service to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

BACKGROUND

The aim of the referral refinement service is to reduce the numbers of false positive referrals for ocular hypertension (OHT). This LES achieves this aim by funding optometrists/OMPs to refine their own referrals by permitting payment for a repeat intraocular pressure test.

Optometrists/OMPs are funded to repeat intraocular pressure measurements once using an applanation method (Perkins or Goldmann type) to gauge whether the patient has intraocular pressure that is consistently or recurrently >21mmHg and therefore needs to be referred.

This LES is designed to reduce the number of inappropriate NHS 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.

AIMS

The aim of this Intra Ocular Pressure Referral Refinement (Repeat Measures) LES is to enable optometrists/OMPs to refine their own referrals prior to deciding whether or not a patient should be referred for high intraocular pressure in the absence of clinical signs of glaucoma as an ocular disease.
ELIGIBILITY CRITERIA

A. Patient Eligibility

Patients INCLUDED in the LES

1. Adults registered with a GP in Northern Ireland AND
2. Who are aged 18 years and older who have routinely had their intraocular pressure measured and who have been found to have raised intraocular pressure greater than 21mmHg.

Patients EXCLUDED from the LES

Patients should be referred normally (using G1 referral form) 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 Referral Refinement (Repeat Measures) service can be made:

1. Optic disc signs consistent with glaucoma in either eye
2. A visual field defect consistent with glaucoma in either eye.

B. Practitioner Eligibility

All optometrists/OMPs who complete and pass the approved training and accreditation will be eligible to participate in the LES. Optometrists/OMPs who participate in the LES will be required to demonstrate a continuing and sustained level of activity.

SERVICE OUTLINE

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 Referral Refinement Service (Repeat Measures) is to enable optometrists/OMPs to refine their own referrals prior to deciding whether or not a patient should be referred for high intraocular pressure in the absence of clinical signs of glaucoma as an ocular disease. This should be done 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 >21mmHg should have a definitive diagnosis of OHT involving 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 eye examination is >21mmHg, and you would normally refer the patient, in order to
avoid unnecessary false positive referrals it is desirable if optometrists/OMPs 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 must 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.

Optometrists/OMPs are asked to note and implement the joint guidance issued by the College of Optometrists and the Royal College of Ophthalmologists. This states that if the patient has normal discs, fields and Van Herick you should consider not referring the patient if they are aged 80 years and over with measured intra ocular pressure <26mmHg, or if the patient is aged 65 and over with intra ocular pressure of <25mmHg. This is because these patients are at low risk of significant visual field loss in their lifetime and would not qualify for treatment under the NICE guidelines. (Reference:Joint Supplementary College Guidance on Supervision in relation to Glaucoma-related Care by Optometrists. Please see [link](http://www.college-optometrists.org/en/utilities/document-summary.cfm?docid=14D0AC7E-06FC-4453-BAFBEEC13E236C21) for full details).

**TRAINING AND ACCEPTANCE AS A PROVIDER**

Optometrists/OMPs who have completed and passed the approved Intra Ocular Pressure Referral Refinement (Repeat Measures) training and accreditation shall be deemed eligible to provide this LES.

**CLINICAL GOVERNANCE**

The optometrist/OMP providing the LES must:

1. Have valid and current Northern Ireland Ophthalmic List status.
2. Comply with all relevant legislation and maintain GOC registration.
3. Have passed the accredited training as facilitated by the Health and Social Care Board.

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. Failure to adequately complete a full and legible referral may result in non-payment of the additional fee under this LES.

Optometrists/OMPs providing the LES must ensure that all adverse incidents (AIs) and serious adverse incidents (SAIs) are reported in line with current requirements.

**FACILITIES / EQUIPMENT**
The contractor and/or practitioner 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. HSCB will require practices to provide documentary evidence of the servicing and maintenance of allophthalmic tonometry equipment every two years. This includes all non-contact and contact tonometers used in screening prior to a repeat measures test being employed.

The optometrist/OMP must perform the repeat measures test from an approved premise.

**RECORD-KEEPING**

The contractor and/or practitioner will ensure that they comply with the Data Protection Act. The contractor and/or practitioner must ensure that records kept of services provided under this LES are full, accurate and contemporaneous and these must be retained according to the guidelines of the College of Optometrists.

The contractor and/or practitioner will comply with any reasonable request by the Health and Social Care Board or their representative, to view records of patients on whom referral refinement has been carried out, and will ensure that the reason for the repeat pressures test is clear from the patient record.

The contractor and/or practitioner will ensure that records of any services provided under this service are legible.

**VERIFICATION**

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

**FEE LEVELS**

The fee level for the Intra Ocular Pressure Referral Refinement (Repeat Measures) LES 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.**

**PAYMENT PROCESS**

Payment procedure: An ‘Intra Ocular Pressure Referral Refinement (Repeat Measures) Claim Form’ (Appendix 2) should be completed for each patient seen under this LES. These should be sent, either electronically by encrypted email to:
IOPRepeatMEasuresLES@hscni.net or, by mail to: Mr Scott Stevenson, Ophthalmic Payments Department, Business Services Organisation, 2 Franklin Street, Belfast.BT2 8DQ. Please note that claims must be submitted no later than three months after the date of service provision. A summary sheet (Appendix 3) of the total number of claims must also be sent to Mr Scott Stevenson (Ophthalmic Payments Manager) to the Business Services Organisation and a copy retained in the practice. Appendix 3 forms part of the reporting requirements for the LES and should be submitted monthly with claims for payment.

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 LES is provided is annotated on the Intra Ocular Pressure Referral Refinement (Repeat Measures) claim form. Payment for the LES will not be processed without the patient’s HCN.

REVIEW AND AUDIT

Contractors and/or practitioners 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 LES in future years.

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

REPORTING PROCEDURES

Contractors and/or practitioners must ensure that the details of LES provision are recorded on the data summary sheet (Appendix 3) and submitted on a monthly basis. This data summary sheet is a reporting mechanism which the Health and Social Care Board will employ in their analysis and audit of the LES.

APPENDIX 1

NI LES contractual declaration

APPENDIX 2

Sample NI LES payment claim form

APPENDIX 3
Data Summary Sheet for practice for NI LES provision

APPENDIX 4
Useful Contacts

APPENDIX 1
This document constitutes the agreement between the optometrist/OMP and the Health and Social Care Board in regard to the Primary Care Optometry Local Enhanced Service for Intra Ocular Pressure Referral Refinement (Repeat Measures)

Signed by optometrist/OMP

Signed: _________________________________

Print name: ________________________________

Ophthalmic List Number: __________

GOC Registration: ________________

Date: ________________

Practice name and address or stamp: ________________________________

Locum: Yes No
Signed on behalf of the Health and Social Care Board

Signed: ________________________________

Print name: ________________________________

Job title: ________________________________

Date of accreditation: ________________________________

Practice Locality*: Belfast South East North South West
*please circle

APPENDIX 2

NI LES IOP REFERRAL REFINEMENT (Repeat Measures) CLAIM FORM FOR PAYMENT

- This form must only be used where a refined referral has been carried out in accordance within the NI Local Enhanced Service (NI LES) IOP R/R (Repeat Measures)

- This form should NOT be used where a referral was indicated and has been made for Glaucoma in the presence of clinical indicators for the disease

OPTOMETRIST
Name:
Ophthalmic List no / Personal code:
Premise Payment Code:
Optometric practice address:

MEDICAL PRACTITIONER/ SERVICE:
(where patient was referred to)
Name / Clinic:
Address:

Signature: Date:

ANONYMISED IDENTIFIABLE PATIENT DETAILS
* Please note these must be identifiable for HSCB/BSO audit and professional staff to review as necessary at practice visits.

PX Health and Care Number:
PX initials:

Post code:

Date of Eye Examination:
<table>
<thead>
<tr>
<th>Date of Repeat Measures Test:</th>
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<tbody>
<tr>
<td>Intra Ocular Pressures:</td>
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<tr>
<td>(mmHg)</td>
</tr>
<tr>
<td>Time:</td>
</tr>
<tr>
<td>Method of Measurement (please circle):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referred to HES / General Practitioner (<em>please circle): YES</em>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioner  Glaucoma Clinic</td>
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**OPTOMETRIST DECLARATION and SIGNATURE**
I declare that I have provided the service of IOP Referral Refinement in line with the NI LES for IOP Referral Refinement (Repeat Measures).
Signed: ____________________________  Ophthalmic List Number: _____________
Date: _______________  Premise Payment Code: _____________

**PATIENT DECLARATION and SIGNATURE**
I confirm I have had a repeat Intra Ocular Pressure test. I consent to the results of this test being collected for the purpose of audit and ensuring best practice amongst optometrists.
Signed: ____________________________  Date: _______________

Please submit this claim for payment to Mr Scott Stevenson in BSO Ophthalmic Services and retain a copy in your practice for audit purposes. Electronic claims should be sent to: IOPRepeatMeasuresLES@hscni.net

**APPENDIX 3**

Data summary sheet of service provision under the Primary Care Optometry NI LESIOP Referral Refinement (Repeat Measures)

<table>
<thead>
<tr>
<th>Px identifier</th>
<th>Examining Optometrist (name and list number)</th>
<th>Date of repeat measures test</th>
<th>Date claim for payment submitted</th>
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<tbody>
<tr>
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NOTE: Claims should be sent by the 10th of the month in order to be paid by the end of that month and within 3 months of the date of service provision.
Please forward on a **monthly basis** with claims for payment to: Mr Scott Stevenson, Ophthalmic Payments Manager, Business Services Organisation, 2 Franklin Street, Belfast BT2 8DQ or by encrypted email to: IOPRepeatMeasuresLES@hscni.net

**APPENDIX 4**

<table>
<thead>
<tr>
<th>Staff Member</th>
<th>Position</th>
<th>Address</th>
<th>Tel No:</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Raymond Curran</td>
<td>Assistant Director of Integrated Care, Head of Optometry, HSCB</td>
<td>HSCB, 12-22 Linenhall Street, Belfast BT2 8BS</td>
<td>028 90321313 ext 2540</td>
<td><a href="mailto:raymond.curran@hscni.net">raymond.curran@hscni.net</a></td>
</tr>
<tr>
<td>Ms Fiona North</td>
<td>Optometric Adviser, HSCB</td>
<td>HSCB, Tower Hill, Armagh BT61 9DR</td>
<td>028 37414446</td>
<td><a href="mailto:fiona.north@hscni.net">fiona.north@hscni.net</a></td>
</tr>
<tr>
<td>Ms Janice McCrudden</td>
<td>Optometric Adviser, HSCB</td>
<td>HSCB, County Hall, 182 Galgorm Road, Ballymena</td>
<td>028 25311028</td>
<td><a href="mailto:janice.mccrudden@hscni.net">janice.mccrudden@hscni.net</a></td>
</tr>
</tbody>
</table>

Should you have any queries in relation to the arrangements for this NI Local Enhanced Service please do not hesitate to contact a HSCB Optometric Adviser.
If you have a query in relation to payment for a claim for the NI LES please contact:

**Ophthalmic Services**

Mr Scott Stevenson, Ophthalmic Payments Manager  
Business Services Organisation  
2 Franklin Street  
Belfast BT2 8DQ  

Email: [IOPRepeatMeasuresLES@hscni.net](mailto:IOPRepeatMeasuresLES@hscni.net)  
Tel: 028 9053 5527/8/9/6  
Fax: 028 9053 5634