



SERVICE LEVEL AGREEMENT

BETWEEN

HYWEL DDA UNIVERSITY HEALTH BOARD

AND

EHEW Accredited Optometrists

FOR THE PROVISION OF

Primary Care Assessment Service.

1 INTRODUCTION

1.1 There are approximately 6000 patients that are currently within Hospital Eye Care Services pathways, under the care of a Consultant. Who are awaiting a follow up appointment, but do not have one scheduled at this time.

2 SERVICE OUTLINE

2.1 As part of the current HES episode of care, the service will provide an initial review appointment, within a Primary Care setting.

2.2 In exceptional circumstances, a further follow up (equivalent to EHEW Band 3) may be required – this will require the express consent of the Ophthalmology Service Manager.

3 SERVICE AIMS

3.1 The service aims to provide a follow up appointment for patients that currently are outside of the recommended follow up period, with a view to ensure they are signposted to an appropriate service.

4 SERVICE PROVISION

4.1 The service shall be provided during normal practice hours.

5 SERVICE SPECIFICATION

5.1 Initial assessment of patient to EHEW Band 1 protocol.

5.2 Following assessment the decision made by the provider can be;

- Patient can be discharged from HES
- Patient can be discharged from HES and monitored in Primary Care
- Patient requires follow up by HES and clinical categorisation.

Clinical Categorisation

- Priority P1. Patients who may suffer serious irreversible harm from delayed appointments
- Priority P2. Patients who may suffer reversible harm from delayed appointments
- Priority P3. Patients who may be inconvenienced or suffer mild and/ or reversible consequences from delayed appointments

Examples of the sorts of scenarios that might be allocated to the various priorities are:

Priority 1 - 'wet' AMD - newly referred DESW screen positive diabetic retinopathy - diabetic retinopathy undergoing a course of treatment and its evaluation - glaucoma with significant risk of progression - 'stable glaucoma' / glaucoma suspects / ocular hypertension - previously treated ocular/ periocular/ eyelid cancer - cataract with 'special needs' or binocular visual acuity approaching CVI** - postoperative cases requiring HES clinic review * Diabetic Eye Screening Wales **Certification as visually impaired*

Priority 2 - most cataracts

Priority 3 - most adult squints - most benign eyelid lesions

5.3 All outcomes to be reported to the HES, by way of completion Outcome form.

5.4 Providers will be expected to make contact with patients by way of letter or telephone, to arrange a suitable appointment.

5.5 A full fee (£60) will be payable where a patient fails to attend on two separate occasions.

6 ACCREDITATION – EDUCATION AND TRAINING

6.1 The Contractor shall ensure all ophthalmic practitioners employed or engaged by the Contractor are EHEW accredited.

7 PATIENT PATHWAY

7.1 All patients will be supplied by the HES, no other patients may access this service.

7.2 The Contractor shall seek consent from the patient prior to the assessment, and where appropriate, treatment.

7.3 The Contractor, ophthalmic practitioner or other responsible person shall provide the patient with a paper copy of their Patient Records, if requested and an administrative charge may be incurred.

7.4 The Contractor shall provide appropriate clinical advice and guidance to the patient in respect of the management of the presenting condition.

7.5 See Appendix 1

8 RECORD KEEPING AND DOCUMENTATION

8.1 The ophthalmic practitioner shall fully complete, in an accurate and legible manner, the Patient Records.

8.2 The Optometric Patient Records will provide for:

- The clinical management of patients.
- The referral of patients by an ophthalmic practitioner to the hospital eye services or to an optometrist with appropriate specialist qualification and experience.
- The claim for payment and sharing of data for contract monitoring and audit.

Outcome 1 – Patient can be discharged from HES (see appendix 1)

The provider is required to complete;

- Outcome form
- Joint Discharge letter given to patient

Outcome 2 – Patient can be discharged from HES and Monitored in Primary Care (see appendix 1)

The provider is required to complete a;

- Outcome form
- Joint Discharge and advice letter given to patient (detailing follow up arrangements).

Outcome 3 – Patient requires follow up by HES (see appendix 1)

The provider is required to complete a;

- Outcome form (detailing clinical priority).
- Outcome forms with P1 categorisation sent to HES within 48 hours.

9 PERFORMANCE REPORTING

9.1 All activity will be detailed on outcome forms, sent monthly to HES (excluding those with P1 Categorisation), sent directly to the Ophthalmology Service Manager.

9.2 Monthly payment submission form monthly, sent directly to the Ophthalmology Service Manager.

9.3 Other relevant information required from time to time by HDUHB shall be provided by the Contractor in a timely manner.

10 SERVICE REVIEW

10.1 The Contractor shall co-operate with HDUHB as reasonably required in respect of the monitoring and assessment of the services, including:

- Answering any questions reasonably put to the Contractor by the HDUHB.
- Providing any information reasonably required by the HDUHB.
- Attending any meeting or ensuring that an appropriate representative of the Contractor attends any meeting (if held at a reasonably accessible place and at a reasonable hour, and due notice has been given), if the Contractor's presence at the meeting is reasonably required by the HDUHB.

11 INFORMATION

12.1 The Contractor shall provide all information specified in this Schedule in a timely manner, ensuring its accuracy and completeness.

12.2 From time to time, it may be necessary for either party to make ad-hoc requests for information from the other in order to respond to internal or external queries. On occasions, and depending on the sensitivity or relative risk associated with the issue, this information may be required in a short timescale. The parties, subject to this Contract, acknowledge this and agree to undertake the following:

- To minimise ad-hoc requests and ensure that short timescales for responses are not requested, unless absolutely necessary or where no choice is considered to exist.
- Where an ad-hoc request is made, the party asked to provide the information commits to ensure that every reasonable effort is made to provide it within the given timeframe.

12.3 The Contractor shall within one month of the start of each HDUHB financial year agree a Data Quality Plan to address identified issues where the data and information requirements of this Schedule have not been met by the Contractor.

12 INFECTION CONTROL

12.1 The Contractor shall specifically ensure that:

- The clinical environment is maintained appropriately to reduce the risk of healthcare acquired infections.
- Waste is disposed of safely without risk of contamination or injury and is in accordance with national legislation and regulations.
- Clinical equipment is managed appropriately to reduce the risk of healthcare acquired infections.
- Hand washing is undertaken correctly using an appropriate cleansing agent. Hand washing facilities shall be adequate to ensure hand hygiene can be carried out effectively.
- The environment is cleaned to an appropriate standard and monitored regularly.
- Items in direct contact with the eye shall be disposable and shall not be re-used.

The Contractor is recommended to refer to the College of Optometrists' Infection Control Guidelines and work within best practice.

13 FACILITIES AND EQUIPMENT

13.1 The Contractor shall meet the following non-exhaustive list of requirements:

- Slit lamp
- Volk, or similar lens for Binocular Indirect Ophthalmoscopy (BIO)
- Contact tonometer (Goldmann or Perkins)
- Automated visual field equipment capable of producing a field plot print-out
- Eyelash removal instruments
- Foreign body removal instrumentation
- Direct Ophthalmoscope
- Amsler charts
- Diagnostic drugs
- Retinoscope
- Vision testing equipment suitable for testing children

14 SERIOUS UNTOWARD INCIDENTS

14.1 The Contractor shall within 48 hours, specifically notify the HDUHB of any incidents of significant post examination/intervention infection.

14.2 Fitness to practice concerns shall be reported by the Contractor to the HDUHB Quality Lead and may be investigated by the Health Board.

15 CLINICAL AUDIT

15.1 The Contractor shall participate in any clinical audit activity as reasonably required by the HDUHB.

16 PATIENT EXPERIENCE

16.1 The Contractor will participate in a patient survey by engaging patients in the completion of a patient questionnaire.

17 PAYMENT

17.1 Payment for the service will be £60, for each initial appointment, limited to one per patient.

17.2 In exceptional circumstance, where a follow up appointment has been authorised, a payment of £20 will be made.

17.3 The Contractor shall invoice the Ophthalmology Service Manager, HDUHB for activity undertaken on a monthly basis, by completing the Validation Claim Form (see appendix 2).

Claims must be submitted with 14 days of the claim period.

17.4 The Contractor is required to maintain an adequate record of activity that is available for audit on request. This must include internal cross referencing within the practice to enable identification of patient records if required.

PARTICIPATING OPTOMETRISTS

The ophthalmic practitioners named below will provide the specified service.

The ophthalmic practitioners named below declare that they have read and understood this service specification.

Name:		Performer List No:
Signature		Dated

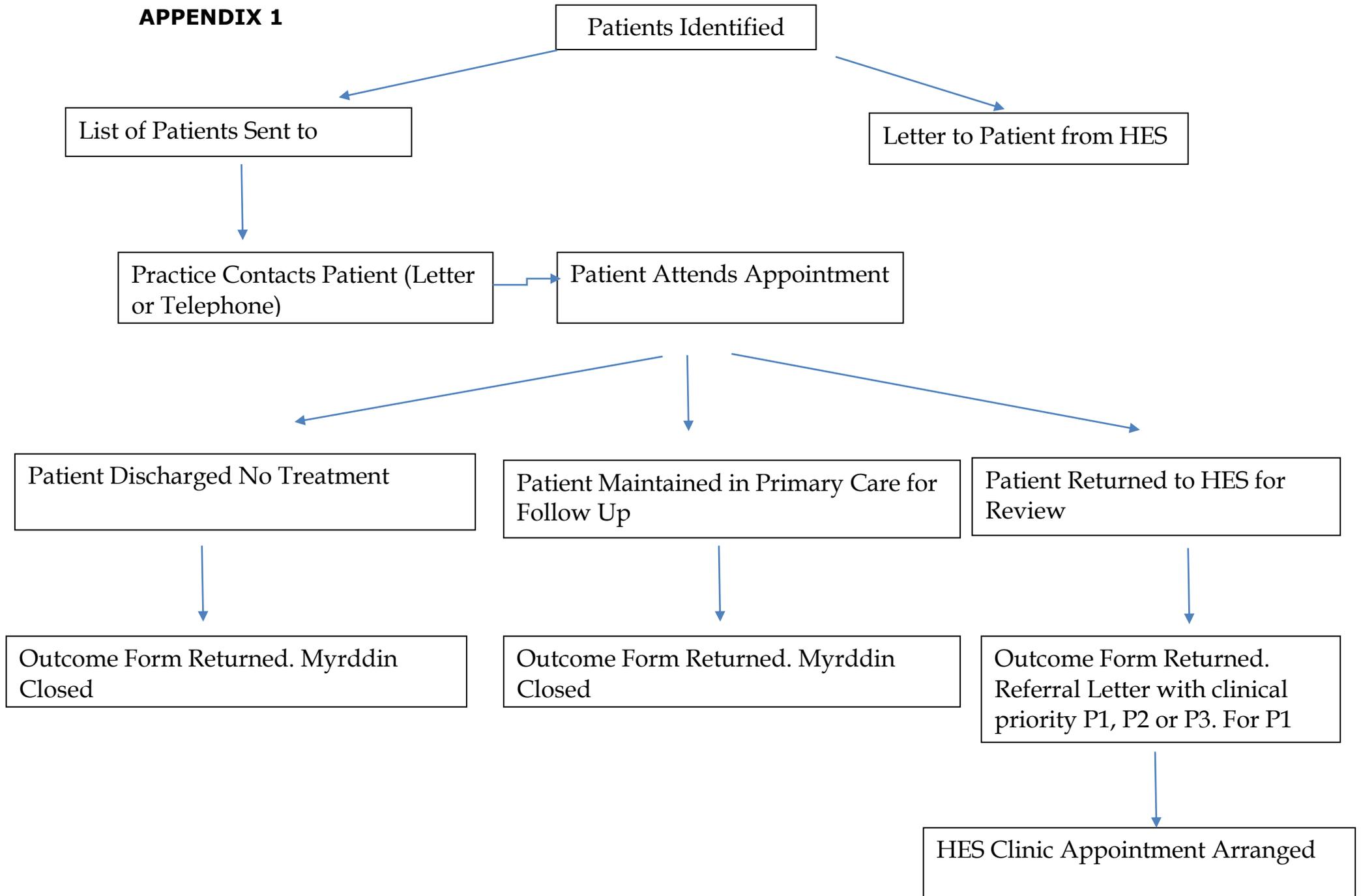
Name:		Performer List No:
Signature		Dated

Name:		Performer List No:
Signature		Dated

Please continue on an additional sheet if required

The Contractor shall ensure that any additional ophthalmic practitioners who are to provide the service have read and understood this service specification, and have signed a copy of this service specification, which the Contractor shall provide to the Health Board.

APPENDIX 1





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Outcome Form – Follow Up Not Booked - Ophthalmology

Patient Name	
Date of Birth	

Outcome of Assessment in Primary Care (Please Circle)

The Patient has been assessed by an EHEW accredited Optometrist and;

1	2	3
Has been discharged following examination.	Will be maintained in Primary care optometry for continued follow up.	Requires follow up in the Hospital Eye Service.

If outcome 3, what is the Priority Rating (Please Circle) ?

Priority 1 (Tick one of the below)	Priority 2	Priority 3
2 Weeks		
4 Weeks		
6 Weeks		
3 Months		
6 Months		

Clinical condition (please specify in all cases)

AMD	Cataract	Diabetic Retinopathy	Glaucoma	Paediatrics	Other Retinal	Other Ophthalmology
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Any Additional Information.