



## SERVICE LEVEL AGREEMENT

BETWEEN

HYWEL DDA UNIVERSITY HEALTH BOARD

AND

Local Optometric Practices

FOR THE PROVISION OF

Follow-up and on-going assessments of patients  
with Wet AMD, Retinal Vein Occlusion & Diabetic  
Retinopathy

## **1 SERVICE OUTLINE**

- 1.1 The service provides for the follow-up & on going assessment for patients with wet AMD, retinal vein occlusion & diabetic retinopathy in local Optometry Practices.
- 1.2 The service is provided by community optometrists who are:
  - EHEW accredited & hold a Hon. Contract with the Ophthalmology Service.
  - Have suitable facilities that include an OCT machine.
  - Registered with the General Optical Council.
- 1.3 The service is accessed by patients who are within the Ophthalmology service who have been identified and deemed suitable by a Consultant Ophthalmologist.
- 1.4 The service is available to patients registered with a GP practice within Hywel Dda.
- 1.5 Contractors will ensure that their professional indemnity is up to date and covers them for all tasks they are carrying out within this Locally Commissioned Service.
- 1.6 The HDUHB reserves the right to withdraw or amend this service and will give a minimum of 3 months' notice of any changes.

## **2 SERVICE AIMS**

- 2.1 The service aims to provide timely follow-up clinical assessment services to WAMD, RVO, DMO patients delivered from accessible local settings.
- 2.2 The service will provide an outreach service for patients to continue to access follow-up treatment whilst remaining under the care of a Consultant Ophthalmologist.
- 2.3 Improve the timely access for patients and fully utilise the knowledge and skills of community ophthalmic practitioners.

## **3 SERVICE PROVISION**

- 3.1 The service shall be provided during normal practice hours. Specific sessions or individual appointments will be allocated at the discretion of the optometric practice taking into account the appropriate clinical follow-up window for each case.
- 3.2 The scheme is designed for those patients whose principle problem is WAMD.

## **4 SERVICE SPECIFICATION**

4.1 Initial Assessment is to be undertaken by a Consultant Ophthalmologist. This may be within the HES or it could be in a Community Setting

4.2 Ongoing Assessment, where appropriate, will be undertaken in a Community Setting. This will be by an Optometrist under supervision by a Consultant Ophthalmologist or by an Optometrist who has been accredited for this service.

4.3 Patients requiring no treatment are followed up for 1 year after their last injection then discharged to the care of their regular optometrist for the purposes of this condition, unless there are reasons why an extended monitoring period is deemed necessary. Patients that remain under the care of the HES for other reasons e.g. glaucoma can continue under that pathway in the HES.

4.4 Patients requiring further treatment.

- Patients already within the scheme with new signs of wet or suspected wet AMD, or RVO DMO requiring treatment, should be returned to the HES using the agreed proforma via the HES Intravitreal Co-ordinator (direct Fax and Telephone numbers supplied).

4.5 Frequency of visits for follow-up patients:

- Patients should be seen between 4 weekly to 12 weekly during the first year after their last injection as deemed appropriate by the optometrist with guidance from the Consultant Ophthalmologist.
- If after 1 year after the last injection there is no recurrence the patient should be discharged to their regular optometrist with advice.
- Patients should be advised to make contact with the community optometrist relevant to this service if any deterioration in symptoms are experienced between follow-up appointments; or their regular optometrist if symptoms occur after discharge.

4.6 Social Exclusions

No Domiciliary Services are available from this service.

## **5 ACCREDITATION – EDUCATION AND TRAINING**

5.1 The Contractor shall ensure all ophthalmic practitioners employed or engaged by the Contractor are EHEW accredited and have undertaken a demonstrable mentoring programme by a HDUHB Consultant Ophthalmologist which was completed satisfactorily.

## **6 PATIENT PATHWAY**

6.1 The Contractor shall seek verbal consent from the patient to attend this service.

6.2 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.

**6.3** The Contractor shall provide appropriate written clinical advice and guidance to the patient in respect of the management of the condition. A pro forma is supplied at Appendix 1

## **7 RECORD KEEPING AND DATA COLLECTION**

7.1 The HES will provide an accurate patient record to the optometric practice.

7.2 The Optometric Patient Records will provide for:

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

## **8 PERFORMANCE REPORTING**

8.1 All activity will be detailed on invoice for payments. Pro forma invoice at Appendix 2

8.2 Where possible, in the first instance, patient complaints about this service shall be addressed by the Consultant Ophthalmologist and relevant optometrist. When necessary, patient complaints can be reported in line with 'Putting Things Right' and directly to the Ophthalmology Service Manager.

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

## **9 SERVICE REVIEW**

9.1 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.

- Engage in any quality assurance review deemed necessary / appropriate by HDUHD and/or the supervising consultant ophthalmologist.

## **10 INFORMATION**

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

11.2 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.

11.3 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.

## **11 INFECTION CONTROL**

11.1 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.

## **12 FACILITIES AND EQUIPMENT**

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

- OCT
- Slit Lamp
- Selection of Volk
- Whilst managing a patient, the consulting room shall not be used for any other purposes
- Hand washing with hot/cold water to be available
- Liquid Soap
- Alcohol Gel
- Paper towels
- Single use items – including minims
- Washable work surfaces
- Floor and wall surfaces maintained in a clean and hygienic manner
- Cleanable lighting, especially lighting close to the patient

## **13 SERIOUS UNTOWARD INCIDENTS**

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

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

## **14 CLINICAL AUDIT**

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

## **15 PATIENT EXPERIENCE**

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

## **16 PAYMENT**

16.1 Payment for the service is on a sessional basis.

The Health Board shall pay the Contractor £350 per session; the service target is 10 patients per session. The sessional rate to be reviewed at two yearly intervals from July 2016.

16.2 The Contractor shall invoice the Ophthalmology Service Manager, HDUHB for activity undertaken when the equivalent of one session or more has been completed

Claims should be submitted within a reasonable time after completion of each session equivalent or more (maximum of 3 months).

16.3 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.

<b>Name:</b>		<b>Performer List No:</b>
<b>Signature</b>		<b>Dated</b>

<b>Name:</b>		<b>Performer List No:</b>
<b>Signature</b>		<b>Dated</b>

<b>Name:</b>		<b>Performer List No:</b>
<b>Signature</b>		<b>Dated</b>

***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**

**Optometric Practice (Stamp or Address)**

.....  
.....  
.....  
.....

**Tel No:**

**Patients Name:.....**

**Address:.....**

.....

.....

**Date of Birth.....**

**Tel No:**

**Date of Examination:**

**New treatment indicated:**

**Yes**

**No**

**Date of next review:**

**Appendix 2**  
**Invoice Pro Forma**

**Primary Care Wet AMD Service**

To:  
**Accounts Payable**  
**Hywel Dda University Health Board**

Date

**Invoice 1**

**Work undertaken**

Date:

No. sessions @ £350 session X

**Invoice Total** **£**

Bank Details:

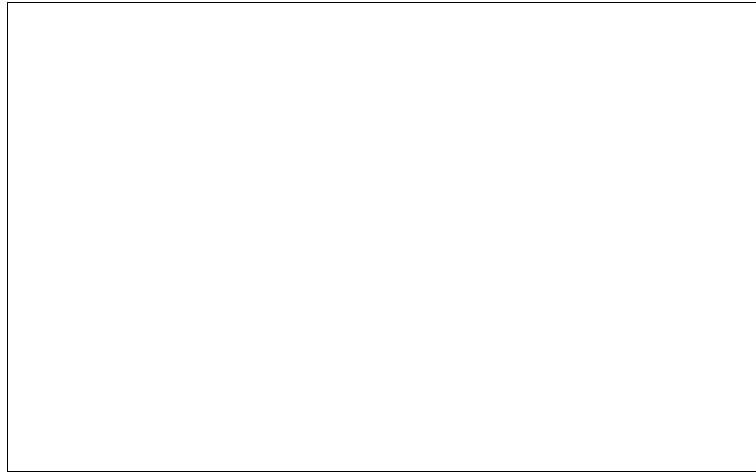
Bank:

Account Number:

Sort Code:

**Primary Care Wet AMD Service**

**Practice stamp**



<b>HES Number</b>	<b>Date of appointment</b>	<b>Optometrist and GOC number</b>	<b>Amount</b>

**Number of claims .....**

**Name of Optometrist .....**

**Date of Submission .../.../....**

**HDUHB List No. ....**

# INTRAVITREAL TREATMENT SHEET

Patient Addressograph

This drug proforma is approved by Mr R Wintle and Mr H Jenkins from June 2016 for Macular Degeneration, Retinal Vein Occlusion and Diabetic Macular Oedema patients only.  
Signed:

Drug	Right Eye (✓)	Left Eye (✓)	Date	Signature
Tropicamide 1%				
Chloramphenicol 0.5%				
Benoxinate 0.4%				
Povidone Iodine 5%				

**NURSE'S SECTION**      **APPOINTMENT DATE:** .....

**ALLERGIES** (PLEASE CIRCLE): None known / Yes: ..... (PLEASE SPECIFY)

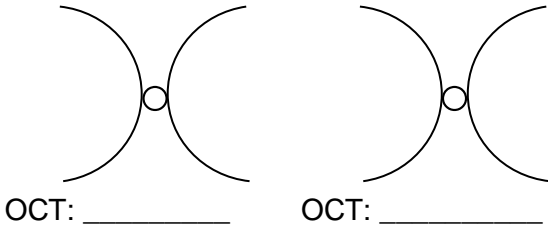
**Visual Acuity:**      RIGHT                  LEFT

\_\_\_\_\_                  \_\_\_\_\_

\_\_\_\_\_                  \_\_\_\_\_

Nurse signature: .....

**DOCTOR'S SECTION**      **Diagnosis:** .....



OCT: \_\_\_\_\_      OCT: \_\_\_\_\_

**Comments:** .....

.....

.....

**PLAN:**                  **Inject?:** Yes / No                  **Side:** RIGHT No.: \_\_\_\_\_ / LEFT No.: \_\_\_\_\_  
 (PLEASE CIRCLE)      **OPD:** .....                  **Drug:** LUCENTIS / EYLEA

Doctor's name: ..... Doctor's signature: .....

**TREATMENT SECTION**      **TREATMENT DATE:** .....

**CONFIRMATION OF CONSENT:** (to be completed by the Doctor giving the intravitreal injection where consent form signed in advance)

I have checked the content of the Consent Form **and**  
 I have confirmed with the patient that s/he has no further questions about the treatment and its risks and benefits, and still wishes the treatment to go ahead.

Signature: ..... Name: .....

GMC No: .....

<b>NURSE CHECKS:</b>	Identity bracelet worn and correct:	Yes / No	Case notes present:	Yes / No
	Intravitreal Treatment Sheet completed:	Yes / No	Injection site marked by Doctor:	Yes / No
	Consent Form details checked against Operation List / Intravitreal Treatment Sheet:			Yes / No
	Previous treatment time interval checked (i.e. exceeds 4 weeks for the eye being injected)			Yes / No

Signatures of Nurses checking patient out of DSU/IVT Clinic and into Theatre/Treatment Room:	1).....
	2).....
Signature of Nurse checking patient within Theatre/Treatment Room:	3).....

**TREATMENT:** ..... Doctor's signature: .....

Theatre Nurse Signature: ..... Name: .....

Benoxinate 0.4%: Yes.    LUCENTIS / EYLEA LOT: ..... EXP: .....    **IVT PACK TRACEABILITY**  
Povidone iodine 5%: Yes