

Telephone: 01744 457237  
Fax: 01744 624188  
Email: [sthelensccg.foi@nhs.net](mailto:sthelensccg.foi@nhs.net)

**St Helens CCG**  
**The Gamble Building**  
**Victoria Square**  
**St Helens**  
**WA10 1DY**

**Our Ref: FOI 7959**

**Date:** 19<sup>th</sup> September 2019

Dear Sir/ Madam

**Re: Freedom of Information Request**

Further to your recent Freedom of Information request regarding Glaucoma Diagnosis, please see below our response to your request.

Request/ Response:

- 1) Do you have contracts in place for the diagnosis, and monitoring of glaucoma? **Yes**
- 2) Can you please confirm the providers who are currently accredited to deliver this service?
  - **Primary Eyecare (Merseyside) Ltd,**
  - **St Helens & Knowsley Teaching Hospitals NHS Trust**
- 3) Can you please confirm whether the CCG paid any 'non-contracted' providers for the delivery of the service? **Yes the CCG can confirm that no payments were made to non-contracted providers.**
- 4) Can you please confirm the service pathway and requirements for the current diagnosis and monitoring of Glaucoma pathways? **In terms of primary care services please find attached at Appendix 1 – a service spec for this detail.**
- 5) Can you please confirm the tariffs that the CCG currently pays for each part of the Glaucoma Diagnosis and Monitoring Pathway?
  - **PbR for secondary care out-patients (not glaucoma specific)**
  - **Minor Eye Care Service - £50**
  - **Cataract Service - £50**
  - **Glaucoma Referral Refinement:-**
    - **Glaucoma assessment - £64**
    - **First intraocular pressure (IOP ) repeat -£34**
    - **Second IOP repeat - £25**
    - **Repeat fields - £34/£25**
- 6) Can the CCG please confirm the number of episodes that they paid for under each part of the Glaucoma Diagnosis and Monitoring Pathway during the following periods?
  - a) April 2017-March 2018
    - **Minor Eye Care Service – 3.092**
    - **Cataract Service – 453**
    - **Glaucoma Referral Refinement (Commenced Aug-17) - 47**
  - b) April 2018 - March 2019
    - **Minor Eye Care Service – 3,441**

**Working in partnership with**



**and**



- Cataract Service – 494
  - Glaucoma Referral Refinement - 29
- c) April 2019 - July 2019
- Minor Eye Care Service – 1,292
  - Cataract Service – 188
  - Glaucoma Referral Refinement – 20

It is not possible to provide an answer in relation to secondary care activity (as the CCG cannot identify glaucoma diagnosis in our Outpatients data.

- 7) Can the CCG please provide a copy of the service specification for each part of the Glaucoma Diagnosis and Monitoring Pathway?
- See Question 4 for primary care elements
  - No service specification for the secondary care element
- 8) Can the CCG please confirm when the current contracts for Glaucoma Diagnosis and Monitoring Pathways both started, and are due to expire? For the Primary Care Contract the start date was 01/11/18, end date 31/10/19. The secondary care contract is ongoing.
- 9) Can you please confirm if the current contract has an option to further extend? If so, for how long? No Option to Extend in the current contract.
- 10) Can the CCG please confirm their intentions on what happens with the Glaucoma Diagnosis and Monitoring when they expire? The CCG has not confirmed its intention yet.

Should you require any further information or clarification regarding this response or do not feel that your request has been answered as you would expect, please contact us to discuss.

We also wish to take this opportunity to inform you that a formal complaints and internal review process is available, which will be managed by a FOI Appeals Officer. This can be formally requested and must be done within a reasonable period of time (3 calendar months) from the date this response was issued.

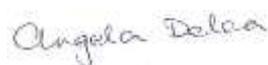
Where you are not satisfied with the response to a request for information that falls within the Environmental Information Regulations, you should make a representation for a review to FOI Appeals Officer, [sthelensccg.foi@nhs.net](mailto:sthelensccg.foi@nhs.net) within 40 days of receipt of the response.

If you are not satisfied with our review under the Freedom of Information Act or the Environmental Information Regulations, you may apply directly to the Information Commissioners Office (ICO) for a review of your appeal decision. Generally, the ICO cannot make a decision unless you have exhausted our complaints procedure.

The ICO can be contacted at;  
ICO, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF  
[www.ico.gov.uk](http://www.ico.gov.uk)

Should you need any further clarification or assistance, please do not hesitate to contact me quoting the above reference.

Yours sincerely,



**Angela Delea**  
**Associate Director – Corporate Governance**  
**NHS St Helens Clinical Commissioning Group**

## Glaucoma Referral Refinement Service

Service Specification No.	3
Service	<b>Glaucoma Referral Refinement Service</b>
Commissioner Lead	NHS St Helens CCG and NHS Halton CCG
Provider Lead	Robert Wilkes, Primary Eyecare (Merseyside) Ltd
Period	1 <sup>st</sup> November 2017 – 31 <sup>st</sup> October 2018
Date of Review	TBC

### 1. Population Needs

#### 1.1 National/local context and evidence base

Affecting an estimated 480,000 people in England, Chronic Open Angle Glaucoma (COAG) is a common condition involving optic nerve damage and loss of the visual field that can lead to blindness if it's not diagnosed early and treated promptly. Glaucoma is a condition that causes severe visual impairment and blindness if left untreated.

Around 14% of UK blindness registrations are due to Glaucoma. However many people won't know that their eyesight is at risk – there are usually no symptoms until the later stages when their vision is already seriously damaged. Ocular Hypertension (raised pressure in the eye) is a major risk factor for developing COAG, although COAG can occur with or without raised eye pressure. Glaucoma is more common with increasing age, and people of African descent or with a family history of glaucoma may be at greater risk of developing the condition.

With changes in population demographics the number of people affected by the condition is expected to rise.

Glaucoma has been associated with poor quality of life and loss of independence, such as falls and losing the ability to drive.

Glaucoma is a high volume and resource demanding disease where significant efficiencies may be achieved by providing services within a community setting with an emphasis on care closer to home.

The disease itself cannot be prevented but its impact on sight can be minimised through effective lifelong monitoring.

Providing services within a Primary care setting by suitably qualified and accredited providers for the care of patients who are at relatively low risk of progression, has the potential to reduce costs and provide a more cost-effective service.

As the population ages, the incidence and burden of eye disease is set to increase. In England and Wales the number of cases of glaucoma is likely to increase by a third by 2021. There is already a significant demand on the local hospital ophthalmology service and a need to expand the availability of community services across the city in order to help relieve some of these pressures.

The redesign of clinical pathways away from traditional acute care is supported by the Royal College of Ophthalmologists, the Optical Confederation and LOC Support Unit.

Data from the National Eye Health Epidemiological Model predicts the following for St Helens and Halton.

St Helens;

- Mean No Glaucoma Cases – 1,509
- Suspects – 6,317
- Ocular Hypertensive – 3,566

Halton;

- Mean No Glaucoma Cases – 908
- Suspects – 4,004
- Ocular Hypertensive – 2,287

Key national drivers for the development of the Glaucoma Repeat Readings Service are as follows:

**NICE Guidance 81 Glaucoma: Diagnosis and Management**

<https://www.nice.org.uk/guidance/ng81>

Nice Guidance 85 and Quality Standard 7

<http://www.nice.org.uk/guidance/CG85>

<https://www.nice.org.uk/guidance/qs7>

Commissioning Better Eye Care for Glaucoma

<http://www.bing.com/search?q=commissioning+better+eye+care+for+glucoma&src=IE-SearchBox&FORM=IE8SRC>

Guidance on the referral of Glaucoma suspects by community optometrists

<http://www.college-optometrists.org/en/utilities/document-summary.cfm/docid/B7251E0C-2436-455A-B15F1E43B6594206>

Implementing Care Closer to home

[http://www.pccic.org.uk/sites/default/files/articles/attachments/improved\\_quality\\_of\\_care\\_p3\\_a\\_ccreditation.pdf](http://www.pccic.org.uk/sites/default/files/articles/attachments/improved_quality_of_care_p3_a_ccreditation.pdf)

Department of Health, 2007. Commissioning Toolkit for Community Based Eye Care Services.

[http://www.aop.org.uk/uploads/uploaded\\_files/dh\\_commissioning\\_toolkit\\_jan\\_07.pdf](http://www.aop.org.uk/uploads/uploaded_files/dh_commissioning_toolkit_jan_07.pdf)

Vision 2020, 2008. UK Vision Strategy 2013-2018.

<http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=291&sectionTitle=Strategy+publications>

## 2. Service Outcomes, Aims and Objectives

### 2.1 Key Outcomes

The key outcomes of the service will be

- Speedier access to care
- Care closer to home in a more convenient setting
- Reduction in referrals to secondary care

### 2.2 Aims and Objectives

St Helens and Halton CCG's are working to improve ophthalmology services across Primary Care and Secondary Care.

The service aims to:

2.1.2 Help improve eye care and reduce inequalities by providing increased access to eye care in the community and offering patient choice.

2.1.3 The service will support the 'Care Closer to Home' strategy by utilising the skills and knowledge of primary care optometrists enabling a convenient and accessible service for patients and ensuring patients are seen by the most appropriate healthcare professional in the most suitable setting.

2.1.4 Reduce the number of false positive readings and subsequent onward referral to the hospital eye service by providing patients (registered with a St Helens/Halton CCG GP practice) with an alternative community service to that of secondary care for repeat intraocular pressure readings or visual fields.

2.1.5 Reduce patient anxiety in having to attend hospital by enabling participating optometrists to refine their own referrals for glaucoma by repeating intraocular pressure (IOP) measurements or suspect visual fields.

2.1.6 The service aims to improve health and reduce inequalities by providing appropriate access to the Glaucoma Referral Refinement scheme according to the local pathway.

2.1.7 The service is expected to reduce the number of unnecessary referrals from primary care to secondary care, supported by the provision of more accurate referral information.

2.1.8 The knowledge and skills of participating community ophthalmic practitioners will be better utilised.

### 3. Scope of service

#### 3.1 Service Description

This service provides for the refinement of suspected glaucoma referrals (by accredited optometrist) to secondary care and is an enhanced service not covered by the General Ophthalmic Service contract (GOS).

The Provider shall identify patients requiring further assessment by carrying out normal eye examinations/sight tests at the correct intervals.

Patients who are identified as having IOP > 23 mmHg or suspect visual fields and no other signs of glaucoma during a standard GOS or private sight test will have immediate Goldmann or Perkins Applanation tonometry assuming the optometrist is accredited to provide the service. This service falls within core competencies for optometrists.

#### 3.2 Exclusion Criteria

- Patients presenting with IOP < 24 mmHg
- Patient with a long standing field defect
- Patients under the management of the hospital eye service for OHT, suspect COAG, COAG and other related conditions
- Patients under 18 yrs.

#### 3.3 Access Criteria

- Patients with IOP > 23 mmHg at primary examination
- Suspect Visual Field detected at primary examination
- Both of the above

#### 3.4 Geographic coverage/ boundaries

The service will be available to all patients who are registered with a General Practitioner (GP)

contracted with St Helens/Halton CCG and those patients not registered with a GP anywhere but resident within the St Helens/Halton council boundary.

The Service will be provided within the boundaries of St Helens/Halton CCG however if a patient wishes to access the service from an Optometrist within a neighbouring CCG. they will be allowed to do so only if the Optometrist is accredited by the single provider company to provide the service. (Invoice's must be submitted to St Helens/Halton CCG in the usual way).

The service must be accessible by public transport, with adequate parking facilities and appropriate disability access for all.

### **3.5 Whole System Relationships**

The provider company will work with the providers to enable them to support the CCG's social values policy.

The single provider company will ensure that the providers provide accurate and timely communication to secondary care providers and the patient's GP/referring optometrist. Similar communication will be maintained with the patient who will be informed at each stage of their pathway.

The provider should seek to build strong relationships with any third sector parties involved in this particular area of healthcare (e.g. The provider should seek to build strong relationships with all secondary care providers)

### **3.6 Interdependencies with other services**

- Local Optical Committee (LOC)
- Secondary care and Consultant Ophthalmologists
- Other ophthalmic providers
- Local Eye Health Network

### **3.7 Relevant Networks & Screening Programmes**

- RNIB
- Opensight
- International Glaucoma Association

### **3.8 Expected skills and competences**

Providers offering the Glaucoma Repeat Reading Service must be accredited to deliver the service and have the core competencies as defined by the General Optical Committee.

All clinicians offering the service must maintain their professional registration and appropriate indemnity cover as required by the General Optical Council.

The single provider company will ensure all participating practitioners are up to date with the use/calibration of contact applanation equipment and are aware and up to date with the referral pathways and criteria and the interpretation of results and disease process.

### **3.9 Governance and Accreditation**

The provider company will ensure that all *ophthalmic practitioners* employed or engaged in the provision of this service evidence that they have undertaken the relevant accreditation as outlined below and each participating provider (optical practice) must adhere to the core standards as set out in the Quality in Optometry toolkit (GOS Level) and be able to provide

evidence of this to the commissioner if requested to do so.

The provider company will ensure that each practitioner providing this enhanced service has undergone a defined training and accreditation process provided by Cardiff University (WOPEC) and LOCSU. This comprises of a distance learning component. Refresher training in Goldmann style tonometry will be offered and provided where necessary by the provider company and local optical committee.

The service will only be carried out by an accredited optometrist the following equipment will be available:

- Access to the Internet
- Slit lamp and fundus viewing lens
- Goldmann applanation tonometer (Perkins acceptable for IOP refinement)
- Threshold fields equipment capable of producing a printed report
- Distance test chart
- Appropriate ophthalmic drugs (Mydriatic, Anaesthetic, Staining agents)

Accredited optometrists will follow all relevant local policies and procedures as required – to include patient complaints, serious untoward incidents and clinical audit.

In particular, the provider will investigate and respond to any complaint made about their provision of service initially in accordance with their Mandatory/Additional services contract complaints process and in accordance with NHS Patients' Complaints Regulations. National Health Service (complaints) regulations 2004, No. 1768 and National Health Service (complaints) amended regulations, 2006, No. 2084 and "Safeguarding Patients" 2007.

The provider company shall ensure that all practitioners are compliant with the practice protocols for the clinical management of all patients in receipt of this service. These protocols must be in line with best practice clinical guidelines and reviewed at least every 12 months.

The provider company will be responsible for ensuring that all persons employed or engaged by the Provider in respect of the provision of the services under the Contract are aware of the administrative requirements of the service.

The provider company will provide the CCG with a updated list of Providers and accredited optometrists providing this service on a quarterly basis.

### **3.10 Patient Information**

The provider is responsible for supplying patient information/advice if required.

Where appropriate providers will also be expected to provide relevant public health information where relevant to the patient's condition e.g. lifestyle and the impact on eye health.

### **3.11 Equality**

The provider company must ensure that all providers adhere to Part 2, section 6 of the Equality act 2010:

Part two: Protected characteristics.

Part 2 section 6: Disability

• A person (P) has a disability if—

o P has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

Please see appendix 1 for further information.

#### 4. Service model

##### 4.1 Pathway of care

###### **Level A: Goldmann style applanation tonometry repeat readings**

A first level enhanced service for IOP refinement where other signs of glaucoma are not present (i.e. normal optic discs and angles) will reduce unnecessary referrals to the hospital eye service, reducing patient anxiety and minimising capacity issues within hospital glaucoma clinics. The service will be cost effective with a greater number of patients managed within the primary care setting.

###### **Level A (Part 1)**

Patients who are identified as having IOP > 23 mmHg and no other signs of glaucoma during a GOS or private sight test will have immediate slit lamp GAT or Perkins tonometry assuming the optometrist is contracted to provide the service. This service falls within core competencies for optometrists.

###### **Outcomes**

There are four possible outcomes from this first repeat of pressures:

1. All patients with IOP > 31mmHg should be referred for OHT diagnosis without further IOP refinement
2. Other patients with a pressure of 24 - 31 need to proceed to Part 2 (2nd repeat pressure)
3. Pressures which differ between the eyes by 5 mmHg or more should proceed to Part 2 (2nd repeat pressure)
4. All other IOP results are within normal limits and the patient can be discharged.

At risk groups and patients shall be monitored every two years or earlier if clinically indicated. The NICE Quality Standard 5 states that "People diagnosed with COAG, suspected COAG or with OHT are monitored at intervals according to their risk of progressive loss of vision in accordance with NICE guidance".

###### **Level A (Part 2)**

Patient attends for repeat Goldman or Perkins Applanation tonometry on a separate occasion.

###### **Outcomes**

There are three possible outcomes from repeating this test:

1. All patients with IOP > 23mmHg would be referred for OHT diagnosis.
2. Where repeat applanation measurements show a consistent difference in pressure of 5mmHg or more, practitioners may wish to consider whether referral may be appropriate, or whether there is a reasonable explanation (e.g. surgery to one eye).
3. The results are within normal limits the patient can be discharged. At risk groups should be monitored at appropriate intervals (i.e. Family History of Glaucoma).

###### **Level B: Visual field repeat readings**

Patients who are identified as having suspicious visual fields during a GOS or private sight test will have visual fields repeated on a separate occasion assuming the optometrist is contracted to provide the service. This service falls within core competencies for optometrists.

###### **Outcomes**

There are three possible outcomes from these tests:

1. The results are within normal limits and the patient can be discharged. At risk groups should

be monitored annually under GOS. (This would include the case where there is a defect on the repeat but NOT in the same areas of the visual field as the original defect. Such inconsistent defects are usually due to the patient finding the test difficult and should not, as a rule, lead to referral and further repeats/monitoring may well just add further confusion.)

2. Visual field is suspicious and requires monitoring at appropriate intervals as identified by the optometrist and agreed with the patient

3. Visual field defect is confirmed and the patient is referred to consultant ophthalmologist.

(Where a patient has raised intraocular pressure and a suspicious visual field then the intraocular pressure would be refined in the first instance and if after refinement appears to be normal the visual fields maybe refined. This will ensure that those that need referral after intra ocular pressure refinement do not go ahead and have visual field refinement unnecessarily.)

### **Level C: Patients from non-participating optometrists**

It is anticipated that the majority of optometrists will participate in Level A or B pathway. However a small minority of practices may decide not to sign up to the pathway. Referral refinement for patients from non-participating or out-of-area practices will be available and provided by those practices that offer the service. Non-participating practices will refer patients with IOP of 24-31mmHg and no other signs of glaucoma directly to participating practices and must not send the referral to the GP practice asking for them to be referred.

In this case it should be emphasised that the second optometrist assumes clinical responsibility for the detection of the patient suffering from glaucoma or ocular hypertension. Therefore assessment of the optic disc, anterior angle and where appropriate, visual field is necessary.

These additional examinations required will take more time and will require a greater level of funding than Level 1a or 1b. (Please see guidance from the Association of Optometrists and the Optical Confederation on insurance issues.)

The criteria for inclusion of patients in level 1c - IOP > 24-31 mmHg as measured at the sight test following College of Optometrist guidance on technique where NCT is used (4 readings) or there is a suspect visual field and no other signs of glaucoma are present and requires further investigation.

NB: Glaucoma is a very slow developing disease and there is very little risk to the patient in delaying the repeat tests. The reason for repeating the tests on a different occasion is to ensure that factors that may have influenced the patient responses the first time round, particularly in the fields test, will be different.

These services will be undertaken by accredited optometrists within suitably equipped premises who will manage the patient appropriately and safely.

Management will be maintained within the primary care setting, as is appropriate, for many patients as possible, thus avoiding unnecessary referrals to hospital services.

Where referral to secondary care is required, it will be to a suitable specialist with comprehensive information provided by the accredited optometrist.

For the purpose of referral refinement, Perkins as well as Goldmann as this will be an acceptable form of Goldmann style tonometry. Both are based on the Goldmann principal. This would enable housebound patients to be provided this service as the Perkins tonometer is portable.

## **4.2 Care Pathways**

Please See Appendix 1.

## **4.3 Premises and Equipment Required**

### **4.3.1 Premises**

Commissioners require services to be provided from multiple locations across St Helens/Halton. The commissioners will need assurance that there is sufficient service coverage across each locality; however it is not expected that all providers will provide services in all locations.

All locations delivering the service must be approved by the provider company and must include the following as a minimum.

- Reception and or waiting facilities( seating provision as a minimum)
- Suitable private room for assessment
- Hand washing with hot/cold water to be available in the consulting room
- Liquid soap
- Alcohol gel
- Paper towels
- Single use items
- Clinical waste collection
- Sharps containers
- Washable work surfaces
- Floor and wall surfaces maintained in a clean and hygienic manner
- Cleanable lighting, especially lighting close to the patient.

The providers must ensure and demonstrate that the premises are compliant with:

- Building Regulations 2010
- Infection control regulations 1995
- LCCG Infection control policy
- Equality act 2010

Providers are permitted to deliver services from their own estate (subject to the required regulations being met and geographical location)

It is the responsibility of the provider to ensure that disposal of Clinical waste meets all the legal requirements.

### **4.3.2 Equipment**

As a minimum and approved by the provider company, service providers need to provide the following equipment, in working order and regularly calibrated and serviced as appropriate, to manufacturers' specifications:

- Access to the internet (for data reporting and referral system)
- Means of direct and/or indirect ophthalmoscopy
- Slit lamp
- Applanation Tonometer (Goldmann/Perkins)
- Supra Threshold electronic fields equipment to produce a printed report (excluding FDT equipment)
- Appropriate diagnostic ophthalmic drugs
- Mydriatic
- Anaesthetic
- Staining agent

It is the responsibility of the provider company to ensure that the correct equipment is purchased, and maintained in line with manufacturer's instructions.

#### **4.4 Days/Hours of Operation**

The service will operate on the basis of 52 weeks per year (excluding Statutory Holidays unless otherwise agreed with the commissioner).

At a minimum between 09.00 and 17.00 Monday to Friday. However, the Commissioner wishes to improve access for patients and this may include access to services before and after working hours and / or weekends. The service should also be flexible to offer times outside of this to satisfy patient needs as far as reasonably possible.

#### **4.5 Referral Sources**

- Self-referral to the service via local signposting (self-referral)
- Referral from a non accredited optometrist to an accredited optometrist
- GP's to signpost patients to accredited optometrist

#### **4.6 Response Times & Prioritisation**

- Patients should be assessed by the service within 10 working days. Assessment should be a direct contact with the patient and should ideally include some form of intervention.
- Patients should be seen based on their referral date into the service and not on any other clinical criteria.
- Referrals to the service will be triaged within 1 working day (Monday to Friday) excluding weekends

### **5 Quality and Clinical Governance Standards**

#### **5.1 Clinical governance**

In order to demonstrate appropriate standards are met for provision of the Glaucoma Repeat Readings Service, appropriate sections of GOS Level and NHS Std contract checklist of the online England Provider Checklist for Quality in Optometry is completed annually.

All Providers must be registered with and account with Quality in Optometry.

#### **5.2 Safeguarding**

The provider company must provide a copy of their safeguarding policy to the CCG's for approval and ensure all providers are compliant with the policy.

#### **5.3 Clinical audit and effectiveness process**

The provider company is required to undertake regular internal clinical audit and review and to take action to implement any learning acquired during this process.

The provider company should also note the following Contractual KPIs in section 9.

The provider company to provide annual audits to evidence compliance with NICE guidance and demonstrate any involvement in national audits.

### **6. Information and data collection requirements**

#### **6.1 Patient records**

Complete and accurate records will be held by the Optometrist for each patient to include clinical information by the provider in either paper or electronic format and stored securely.

Information within records should be processed with regard to the principles expressed in the Data Protection Act 1998.

### **6.2 Patient experience feedback**

The provider shall provide each patient with a simple patient experience questionnaire with the friends and family test following each episode of care with the service.. The Provider will be performance monitored on recorded satisfaction (as per the friends and family test – very likely or likely).

The provider(s) will be expected to display information on complaints procedures and make them available to patients and to manage patient complaints in accordance with NHS complaints procedures. [www.dh.gov.uk/health/contact-dh/complaints](http://www.dh.gov.uk/health/contact-dh/complaints)

### **6.3 Information Technology**

The provider company will ensure that an IT management system is in place and can provide all the administration and data collection for the St Helens/Halton area. It will ensure that the system provides activity and outcome reports and generates electronic referrals and invoices.

### **6.4 Patient records**

Complete and accurate records will be held for each patient to include clinical information by the provider in either paper or electronic format and stored securely. Information within records should be processed with regard to the principles expressed in the Data Protection Act 1998.

### **6.5 Secure NHS mail**

Providers will be expected to use NHS.net email for the secure transfer of patient information.

## **7. Service Performance Data**

### **7.1 Performance Data**

The provider company will be expected to provide service performance data on a monthly basis for performance management purposes. This includes a set of KPIs which will be monitored; a list of which can be found in in the table below (7.2).

The provider company is required to submit an annual report (date to be agreed with commissioners) summarising the annual performance of the Service.

This report must include a review by provider of:

- Activity levels
- KPI report
- Number and outcome of complaints
- Number and outcome of any significant events
- Summary of Patient Experience feedback. Number of completed questionnaires and summary of comments
- Any Governance Issues
- Any Serious untoward incidents
- Total number of referrals for safeguarding incidents
- No of complaints received

It is the commissioner's responsibility to ensure appropriate monitoring of the contract is in place. This may require the provider to submit additional reports as requested by the commissioner to enable them to do so.

## 7.2 Key Performance Indicators

Quality and Performance Indicators	Quality and Performance Indicators	Threshold	Method of Measurement
	Patient seen for any repeat measurements within 4 weeks of initial referral into the service	90%	As per schedule
	Percentage of patients referred on to secondary eye care service (non urgent via GP)	Establish baseline	As per schedule
	No of Patients Discharged following first appointment		As per schedule
<b>Service User Experience</b>	Patient experience questionnaire completed and reported (Friends and Family Test)	40%	As per schedule
	Level of patient satisfaction. Very likely or likely to recommend the service	90%	As per schedule
	Report and analysis of comments patient evaluation questionnaires	Compliance	As per schedule

## 8. Prices and Costs

### 8.1 Payment

The provider will be paid based on the volume of activity delivered and per the local agreed tariff.

The unit price for all activity shall include all aspects of patient care and discharge arrangements.

Payment will not be made for any patients that do not attend appointments or cancellations.

### 8.2 Tariff

The local agreed tariff payable for the service is:

Level 1a: 1st Repeat = £34

2nd Repeat= £25

Level 1b: Repeat = £34

Level 1c: 1st Assessment= £64

2nd Repeat = £25

All tariffs include IT, administration and the fully managed single provider service costs

## Appendix 1

### Glaucoma repeat measures pathway

