

## SERVICE SPECIFICATION

Type	Local Enhanced Service
Service	Low Vision Aid Assessment Service
Provider Lead / Practice Manager	
Practice Name / Address	
Commissioner Lead	
Start Date	
Review Date	
End Date	
PCM Register Number	PCM/2012/
<p>This service specification sets out the arrangements for the provision of an Enhanced Service under Part 11 of the GMS / PMS agreement, Schedule 2 of the APMS agreement agreed between the parties for the provision of primary medical services. Unless otherwise specified, the terms of that contract apply to this enhanced service.</p>	

### 1. Purpose

#### 1.1 Aims

To provide a service for people with low vision to enable them to make best use of their eyesight and visual function to achieve maximum potential. This includes:

- Assessment of visual function
- Supplying appropriate visual aids
- Review at 1 month and 12 months to ensure people feel supported and are able to use and manage their visual aids
- Signposting to broader rehabilitation services, such as home assessment and mobility

#### 1.2 Evidence Base

The demand for eye care is set to increase significantly as the population ages. Currently 2 million people across the UK live with sight loss. By 2020 this number will have increased by 22 percent. (Access Economics (2009), Future Sight Loss UK 1: Economic Impact of Partial Sight and Blindness in the UK adult population. RNIB)

Traditionally low vision aid services (LVAs) have been delivered by Hospital Eye Services, however, following various pilot studies initiated by the National Eye Services Programme, there was a recognition that this group of patients, the majority of whom are elderly, could best be assisted by community based optometrists.

#### 1.3 General Overview

The definition of a person with low vision is one who has an impairment of visual function for whom full remediation is not possible by conventional spectacles, contact lenses, medical or surgical intervention and which causes restriction in that person's everyday life.

This service is required to ensure that people with low vision receive local, responsive and evidence based services which are value for money. The service should be part of a multi-disciplinary, multi-agency approach that co-ordinates with other health, social care and voluntary providers in the area, including services provided at the client's residence, school or other appropriate location. This methodology ensures efficient and professional delivery of services.

#### 1.4 Objectives

- To ensure timely assessment for people identified as having low vision
- To ensure people with low vision are issued with the most appropriate visual aid to maximise their visual function
- To ensure people with low vision are signposted to other relevant services to maximise their independence

#### 1.5 Expected Outcomes

- People with low vision are assessed promptly and are supplied with the most appropriate aids to assist their visual function
- People with low vision will feel more supported with follow-up at one month and 12 months

## 2. Scope

### 2.1 Service Description

A low vision assessment service which forms part of a multi-disciplinary, multi-agency approach to supporting those people identified with low vision. The service is responsible for assessing visual function and administering low visual aids that are appropriate to individual need.

### 2.2 Accessibility/acceptability

Clients should be able to access the service irrespective of the degree of sight loss or reduction in vision, as early as possible to minimise negative impact on quality of life.

## 3. Service Delivery

### 3.1 Service model

The service will offer:

- A NHS sight test, if required
- A functional visual assessment which should include the following as a minimum:
  - ◇ History – visual, ocular, medical, social, duration, other disability
  - ◇ Symptoms – visual, ocular, medical, social
  - ◇ Current situation – aids, support, treatment
  - ◇ Assessment of needs/goal setting – distance, near, mobility, daily living skills, other
  - ◇ Distance vision
  - ◇ Intermediate vision and/or other relevant working distances if appropriate
  - ◇ Near vision
  - ◇ Retinoscopy if appropriate
  - ◇ Distance refraction or verification of distance prescription
  - ◇ Distance visual acuity using LogMAR chart
  - ◇ Contrast sensitivity
  - ◇ Colour vision if appropriate
  - ◇ Central visual function if appropriate (Amsler)
  - ◇ Assessment of glare function
  - ◇ Accommodation if relevant
  - ◇ Near refraction or verification of near prescription
  - ◇ Near/reading visual acuity
  - ◇ Establishing magnification
  - ◇ Low vision aids assessment, and dispensing

- ◇ Training in use of aids
- ◇ Visual field assessment if relevant
- ◇ Advice and referral if necessary

To assist with this visual assessment, a demonstration low visual aid kit is provided to participating accredited practitioners. One set of equipment will be provided per practice. A named individual in each practice will be responsible for the equipment and its upkeep. It is the responsibility of the provider to inform NHS Stockton on Tees of any change in circumstances. The kit will be returned to the PCT if the provider withdraws from the service.

Low vision aids will be ordered from a list of authorised providers. Aids are supplied on loan for as long as they are useful but service users/carers should be encouraged to return the aids to the practice when they are no longer of use. Return labels should be attached to the aids before being administered. A locally agreed process for decontamination and re-use of aids has been established. Batteries will be supplied with any aid prescribed but thereafter service users will be expected to purchase replacement batteries.

- Telephone follow-up  
One month after initial assessment, service users must have where practicable, a follow-up telephone assessment. This follow-up is to check that the low vision aids are appropriate and are being used properly, referrals have been acted upon and any new needs identified. If the call highlights the need for further investigation, a face to face appointment needs to be made. Details of the telephone assessment or the reason why the service user could not be contacted must be recorded on the patient's record card.
- One year follow-up  
Service users should be issued with a follow-up appointment one year after initial consultation. Any person re-presenting after this period will be classified as a new patient.
- Signposting to broader rehabilitation services, such as home assessment and mobility  
Following assessment, It is the responsibility of the provider to ensure that they have sufficient knowledge of and are known to all relevant rehabilitation services (including voluntary sector organisations) in order to ensure that people with low vision receive the necessary input/information to maximise their independence.
- Accurate record keeping  
Providers need to ensure that accurate service user records are kept, ensuring confidentiality is adhered to at all times.

### 3.2 Target Population

People with low vision living in the NHS Stockton on Tees catchment area.

### 3.3 Staff Competencies

Qualified optometrist who have undertaken an accredited training programme approved by NHS Stockton on Tees.

## 4. Referral, Access and Acceptance Criteria

### 4.1 Geographic coverage/boundaries

People with low vision living in the NHS Stockton on Tees catchment area.

### 4.2 Location(s) of Service Delivery

Address of practice

### 4.3 Estates Management

Provider outlets and facilities should be accessible both in terms of public transport links and parking facilities and compliant with all relevant local and national laws, regulations and standards including:

- The Disability Discrimination Act
- Building Statutory Compliance regulations

Particular attention should be paid to the accessibility needs of people with physical, mental and sensory impairments, as well as those who may face, for instance, cultural or language barriers. This includes making

adequate and reasonable provision for interpreters, carers and others from whom the patient may require assistance, providing written materials and signage in an appropriate range of formats, media and languages, and ensuring service and customer care is delivered in an inclusive manner which respects the diversity of users.

#### **4.4 Days/Hours of operation**

Service will be provided during the opening hours of the practice as stated in the National Contract.

#### **4.5 Referral Criteria & Source**

Service users will be referred via two routes:

- Local optometrists who are not accredited to perform low vision aids
- Consultant Ophthalmologists

It is incumbent on the provider to produce and ensure that referrers have up-to-date referral and patient information. The PCT has produced information/referral guidance to support this process. Any significant changes to this information are expected to be discussed and communicated to the PCT beforehand. Quarterly provider meetings will also support this process.

#### **4.6 Response times**

Those referred must be offered an appointment within two weeks.

#### **4.5 Exclusion Criteria**

None

### **5. Discharge Criteria & Planning**

Aids are supplied on loan for as long as they are useful but should be referred to the practice when they are no longer of use. Providers should encourage this process.

Providers should refer patients to appropriate services identified in management plan

### **6. Self-Care, Prevention and Patient and Carer Information**

Service users must be advised on how to use/maintain all equipment provided, including advice that they must purchase replacement batteries.

Service users must be informed of process for follow-up and managing their concerns.

### **7. Quality and Performance Standards**

Providers are advised that the service will be audited and researched in order to ensure its effective and efficient operation. This will include review of the authorised list of equipment provision. To assist this process, providers will be expected to attend quarterly meetings with the PCT and LOC. Full co-operation with this process is expected.

Providers will be expected to undertake an annual patient satisfaction survey as payment of the fee requires this to be done.

As part of monitoring of this service, practitioners will be required to provide the following information to NHS **Stockton on Tees** on an annual basis:

- Number of patients attending for assessment
- Number of patients diagnosed with low vision
- Number of patients offered/receiving one-month telephone review
- Number of patients requiring face to face follow-up as a result of the telephone review
- Number of patients offered/receiving 12 month review

- A list of Visual aids prescribed
- Number of aids returned and re-issued

### 8. Activity

### 9. Continual Service Improvement Plan

It is expected that providers will strive to continually improve the service. Quarterly provider meetings with the LOC will assist this process.

### 10. Prices & Costs

£70.00 per assessment (to include telephone and one year follow-up)

### 11. Termination

Should the contractors' contract terminate or should the contractor decide to withdraw from the arrangements of this enhanced service before the end date any payment will be made in line with the applicable Statement of Financial Entitlements directions (SFE's). Any payment will be subject to the provisions outlined within the SFE's.

### 12. Signatures

#### Signed for and on behalf of the provider

**Provider**

**Name** **Signature**

**Position**

**Date**

#### Signed for on behalf of the PCT

**Name:** Jonathan Maloney **Signature:**

**Position:** Deputy Director Contracting Intelligence and Performance

**Date:**