



# Evolutio Community Eye Service

## NHS Doncaster CCG

### Information for eCare Service Providers and Local Referrers

## Table of Contents

1	SUMMARY.....	3
2	SERVICE OVERVIEW.....	4
3	SERVICE SPECIFICATION .....	4
3.1	REFERRAL PATHWAYS .....	4
3.1.1	EOS (MINOR EYE CONDITIONS) COMMUNITY REFERRALS - NON-RAPID ACCESS.....	5
3.1.2	RAPID ACCESS REFERRALS .....	5
3.2	COMMUNITY SERVICE INCLUSION CRITERIA (EOS – MINOR EYE CONDITIONS) .....	6
3.3	COMMUNITY SERVICE TIME TO CARE (TTC) .....	6
4	CCG COMMUNICATIONS .....	6
5	TARIFFS.....	7
6	EQUIPMENT REQUIREMENTS.....	7
7	CCG THRESHOLD CRITERIA .....	8
7.1	CATARACT .....	8
7.2	CHALAZION .....	9
7.3	UPPER EYELID SURGERY .....	9
8	USEFUL CONTACTS .....	10

# 1 Summary

Evolutio Care Innovations Ltd (Evolutio) are a national provider of Ophthalmology services, delivering care through a clinical network of corporate owned eCare clinics and community optometrists, working under the supervision of the eCare consultant ophthalmology team.

Clinical Commissioning Groups (CCG's) commission a range of hospital and community-based ophthalmology services and pathways across England. Services commissioned by CCG's vary considerably, even within small geographical areas i.e. one CCG might have only HES pathways whereas its neighbour might have a broad range of community ophthalmology services including Enhanced Optometry Services (EOS), stable glaucoma management, HCQR screening and even minor surgical/laser procedures.

Additionally, it is common for pathway tariffs and time to care (TTC) requirements to vary across CCG's / services due differing commissioning intentions and financial envelopes. The location of the patient's registered GP will determine which CCG that patient falls under.

Given this non-standardised approach across CCG's, we have produced a series of local guides to support clinicians (both referrers and community service providers) within our contracted NHS areas.

The content of this document will be updated periodically as the service changes and evolves.

We also provide various local resources and policies which you can find in the area of our website corresponding to your CCG: <https://www.evolutio-uk.com/live-ccg-contracts/>

If you would like to become an e community service provider please contact us at [admin@evolutio-uk.com](mailto:admin@evolutio-uk.com) or call 0203 780 7860

## 2 Service Overview

Since November 2019, Evolutio Care Innovations Ltd (Evolutio) have been providing the Community Ophthalmology Service across NHS Doncaster CCG. This is a 2-year contract with possible 2-year extension.

Evolutio work collaboratively with optometrists, GP's and secondary care to provide an innovative, sustainable and scalable solution to managing patient pathways from ophthalmology referral to treatment. Through the use of bespoke telemedicine and shared electronic medical records, Evolutio provide a robust clinical governance framework for the safe assessment, diagnosis and treatment of patients in the community.

The service is being delivered through a network of community optometrists across NHS Doncaster CCG, ensuring patients have a choice of provider, close to their own home.

## 3 Service Specification

The local service specification includes pathways for:

- Enhanced Optometry Services (EOS) – Minor Conditions
- Intraocular Pressure (IOP) Repeat Readings
- Ocular Hypertension (OHT) and Glaucoma Monitoring
- Cataract Pre-Op Assessment (referral refinement)
- Cataract Post-Op Assessment
- Children's Post-Vision Screening Service

### 3.1 Referral Pathways

Currently, the service will accept referrals within the scope of the community service. Once received, referrals will be clinically triaged into the community or secondary care (if out of scope). Sending ophthalmology referrals to the GP will delay patient Time to Care (TTC) and create an unnecessary administrative burden for the GP. The following referral pathways are in place across NHS Doncaster CCG:

- **Walk In** – patient self presents and will undergo triage by provider
- **Self-referral** – referral after incidental findings identified by provider (usually during a sight test)
- **Direct** (non participating optometrist) – refer direct to Evolutio central triage team
- **Direct** (from GP) – refer via NHS e-Referral Service

### 3.1.1 EOS (Minor Eye Conditions) Community Referrals - Non-Rapid Access

All EOS patients have to be examined within a maximum of 2 days after clinical triage. To ensure patients meet the criteria for EOS services, the following referral pathways are in place:

**1. Send to Evolutio for triage:**

- eRefer – see <https://www.evolutio-uk.com/how-to-refer/>
- Fax via 0333 240 7729
- NHS.net via [LCHevoluto@nhs.net](mailto:LCHevoluto@nhs.net)
- Telephone Triage: call 0800 112 0070
- NHS e-Referral via Doncaster CCG AQP Ophthalmology Service – Evolutio

**2. See as a walk-in or self-referral (if providing the service)**

**3. Send to nearest community service provider directly (if not providing the service)**

- See <https://www.myecare.co.uk/find-my-nearest/>

### 3.1.2 Rapid Access Referrals

Rapid access referrals are reserved for acute eye presentations which are potentially sight threatening. A cohort of these patients will be eligible for their assessment and management in the community, at least initially (e.g. non-specific sore red eye).

**1. Acute access (within 24 hours) for *possible* sight threatening conditions requiring rapid differential diagnosis in the community.**

**If you are a community provider, see patient as a 'Walk In' OR  
If you don't have capacity (or are a GP referring an urgent patient) use Evolutio's telephone triage line**

- Contact the Telephone Triage Line on 0800 112 0070
- See <https://www.myecare.co.uk/find-my-nearest/> for nearest provider location

**2. Acute access (within 24 hours) sight threatening conditions requiring definite eye casualty (HES) referral as defined by College of Optometrists (Appendix B).**

**Call duty eye doctor/send to the HES directly (not via Evolutio)**

**3. Immediate emergency care for life-threatening conditions with ophthalmic presentations (Appendix C)**

**CALL DUTY EYE DOCTOR/SEND TO EYE CASULTY/SEND TO A&E**

## 3.2 Community Service Inclusion Criteria (EOS – Minor Eye Conditions)

Within the Community Service, the following symptoms/conditions can be assessed, treated and often managed (under 16's have to be accompanied by an adult):

- Differential diagnosis of red eye
- Dry / Itchy / Gritty eye
- Mild pain or discomfort in the eye
- Flashes and floaters
- Foreign body and emergency contact lens removal
- Epiphora (watery eye)
- Sticky discharge from the eye
- Mild visual loss
- Sudden onset of blurred vision
- Low risk systemic disease affecting the eye
- Trichiasis (in-growing eyelashes)
- Non-malignant or low risk lumps and bumps in the vicinity of the eye (for differential diagnosis)
- Low risk retinal lesions
- Patient reported field defects (non-specific field defects)

The Community Service also provides the following pathways:

- Glaucoma/OHT Monitoring
- Children's Post Vision Screening Service
- Cataract Pre-Operative Assessment
- Cataract Post-Operative Assessment
- IOP Referral Refinement

## 3.3 Community Service Time to Care (TTC)

Patients referred into the community service have a contracted time to care requirement (time within which patients must be seen). The terminology and timelines are set by the CCG. In Doncaster, **all EOS patients have to be seen within 2 days (48hrs after triage)**, regardless of urgency:

- Rapid Access 24 hours: TTC = same day/next day
- Urgent: TTC = 2 days
- Routine: TTC = 2 days
- Glaucoma Monitoring: TTC = when recall date due
- Cataract Post-Op: TTC = 4(-6) WEEKS

## 4 CCG Communications

During service mobilisation, a number of communications were circulated to GP's, Community Optometry and Secondary Care including:

- Initial introduction letter and service overview (GP and Optometry)
- CET events (Optometry)
- Peer to peer engagement (Optometry)
- LOC engagement
- HES engagement (service overview and pathway development)

- GP Network and Medical Secretary Meetings
- Bi-monthly service updates (GP)

Evolutio will provide community optometry with service updates throughout the duration of the contract.

## 5 Tariffs

Pathway	1 <sup>st</sup> Appointment	Follow Up
EOS Walk in Assessment	£36.00	N/A
Anterior Eye Assessment	£36.00	N/A
Posterior Eye (DFE/Photo) Assessment	£36.00	N/A
Cataract Pre-Op Assessment	£15.00	N/A
Cataract Post-Op Assessment	£20.00	N/A
Raised IOP/VF Assessment	£27.70	£20.77
Glaucoma/OHT Monitoring	£36.00	£36.00
Children's Post Screening Assessment	£15.00	£15.00

## 6 Equipment Requirements

		PATHWAY						
		IOP / VF	Stable Glaucoma	Anterior EOS	Posterior EOS	Cataract Pre-Op	Cataract Post-Op	Children's Post Vision Screening
REQUIRED EQUIPMENT	Test chart (distance and near)	✓	✓	✓	✓	✓	✓	✓
	Trial lenses / trial frame and/or phoropter	✓	✓	✓	✓	✓	✓	✓
	Slit lamp	✓	✓	✓	✓	✓	✓	✓
	GAT (PAT acceptable) with disposable heads	✓	✓	✓	✓	✓	✓	
	Disposable tweezers			✓				
	Equipment for superficial foreign body removal and cotton buds			✓				
	Colour vision test		✓		✓			
	Method of Indirect ophthalmoscopy		✓		✓	✓	✓	
	Threshold fields: 24-2/30-2 and printer or PDF export	✓	✓		✓			
	Threshold fields: 10-2 and printer or PDF export		✓					
	Colour fundus camera		✓		✓			
	Anterior eye camera			Desirable				
	OCT		Advisable		Desirable			

## 7 CCG Threshold Criteria

Doncaster CCG have a number of threshold/restriction policies that are applicable to ophthalmology. The purpose of these policies and threshold criteria is to ensure that the CCG only fund treatment for safe, evidence based, clinically effective interventions and services delivered to appropriate patients.

Patients should only be referred for the interventions and services listed in this policy if they meet the eligibility criteria set out in the service restrictions policy. Interventions and services not currently commissioned through established care pathways or identified for funding through the commissioning process are not routinely funded. The following policies may be found on the Doncaster CCG website at <http://www.doncasterccg.nhs.uk/your-care/other-useful-information/procedures-of-limited-clinical-value-and-clinical-thresholds/>

### 7.1 Cataract

Referral for assessment of surgical treatment for cataracts is only available for patients whose visual impairment is attributable to cataract and who, after correction (e.g. with glasses or other adjustments), fulfil the following indications.

The CCG will only fund Cataract Surgery, when the following criteria are met:

**Part 1 - Assessment**

VA Scores*		SPH	CYL	AXS	VA	Dominant Eye	Score	
VA 6/6 = 0	R							VA Score
VA 6/9 = 1								
VA 6/12 = 2	L							
VA 6/18 = 7								

  

Lifestyle Questions to ask patient*	Not at all	Slightly	Moderately	Very Much
Is the patient's quality of life affected by vision difficulties (e.g. car driving, watching TV, doing hobbies, etc?)				
Is the patient's social functioning affected by vision difficulties (e.g. crossing roads, recognising people, recognising coins etc?)				

\*These questions are designed to elicit the information from pts as to the effect on their lifestyle. The clinician will use the responses to weight the scoring below

	Circle Score	Yes	No
Any difficulties for patient with mobility (including aspect of travel, e.g. driving, using public transport)?		2	0
Is the patient affected by glare in sunlight or night (car headlights)?		2	0
Is the patient's vision affecting their ability to carry out daily tasks?		2	0

**Part 2 - First Eye Cataract Surgery**

**FIRST EYE TOTAL ASSESSMENT SCORE (VA AND LIFESTYLE SCORE)**

**NB: THE PATIENT MUST HAVE A TOTAL ASSESSMENT SCORE OF 7 TO MEET THE THRESHOLD FOR FIRST EYE SURGERY OR THE PATIENT MEETS ONE THE EXCEPTIONS (PLEASE DOCUMENT IN PART 4)**

The patient meets the Clinical Threshold for first eye cataract surgery	<b>Yes</b>	<b>No</b>
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Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist to warrant deviation from the rule of this policy. Individual cases will be reviewed at the Commissioner’s Individual Funding Request Panel.

## 7.2 Chalazion

The CCG will only consider funding excision of chalazia when two or more of the following criteria are met:

- Conservative treatment has been tried for at least 3 months **AND**
- Interferes with vision **OR**
- Interferes with the protection of the eye due to altered lid closure or anatomy **OR**
- Is a source of infection requiring medical attention at least twice within last 6 months **OR**
- Is a source of infection causing an abscess requiring drainage?

In common with all types of lesions, the CCG will fund removal where malignancy is suspected.

## 7.3 Upper Eyelid Surgery

Consider treating when causing **functional problems** for all benign eye lesions/growths such as lumps, cysts, chalazions, pterygiums and papilloma’s. Not commissioned for cosmetic purposes.

**Instructions for use:**

Please refer to policy for full details, complete the checklist and file for future compliance audit.

The CCG will only fund management of blepharoplasty when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets <b>one or more</b> of the following criteria</i>	<b>Delete as appropriate</b>	
Does the patient complain of symptoms of blepharospasm or significant dermatitis on the upper eyelid caused by redundant tissue?	Yes	No
Did the patient develop symptoms following skin grafting for eyelid reconstruction?	Yes	No
Did the patient develop symptoms following surgery for ptosis?	Yes	No

*\* If the patient does not fulfil these criteria but the clinician feels there are exceptional circumstances please refer to the Individual funding request policy for further information.*

**If the above criteria are not met, does the patient meet ALL of the following exceptions:-**

Is there documentation that the patient complains of interference with vision or visual field related activities such as difficulty reading or driving due to upper eye lid skin drooping, looking through the eyelids or seeing the upper eye lid skin <b>AND</b>	Yes	No
Is there redundant skin overhanging the upper eye lid margin and resting on the eyelashes when gazing straight ahead <b>AND</b>	Yes	No
Evidence from visual field testing that eyelids impinge on visual fields reducing field to 120° laterally and/or 20° or less superiorly	Yes	No

## 8 Useful Contacts

### Evonnect Software Support

- Software issues e.g. unable to log in, unable to process a referral/visit, silo requests
- 0203 917 3907

### Patient Services

- Queries about referral progress, HES/provider choice
- 0203 780 7860

### Contract and Operations

- Contractual queries, invoicing queries, silo management support, pathway requests
- 0203 780 7860 or [support@evolutio-uk.com](mailto:support@evolutio-uk.com)

### Telephone Triage

- Call received from member of the public and may result in a HES or community referral
- 0800 112 0070

### Clinical Advice Line

- Advice from our team about completing referrals, referral urgency, clinical investigations, record keeping and other clinical matters including training requests
- 0203 780 7860 (Option 2)

### Local Hospital Eye Service (HES)

- Doncaster Royal Infirmary: 01302 366666 (switchboard)
  - Emergency referrals: 01302 366666 – ask for acute eye nurse coordinator or tier 2 on-call doctor via switchboard
  - Wet AMD referrals: [dbth.wetamd@nhs.net](mailto:dbth.wetamd@nhs.net)

### Web Resources

- GP List: <https://www.nhs.uk/Services/Trusts/GPs/DefaultView.aspx?id=89715>
- Doncaster CCG area of our website: <https://www.evolutio-uk.com/doncaster-ccg/>
- Become an eCare Provider: <https://www.evolutio-uk.com/become-an-ecare-affiliate/>
- Download Evonnect: <https://www.evolutio-uk.com/erefer/>
- Ophthalmology referral guidance document: <https://www.evolutio-uk.com/wp-content/uploads/2018/01/Evolutio-Ophthalmology-Referral-Guidance-Nov171.pdf>

## Appendix A

Examples of sight threatening condition requiring **referral to hospital Primary Eyecare Clinic** (as defined by College of Optometrists) – **urgent access (TTC 7 days)**

Symptoms or signs suggesting:

- Acute dacryoadenitis
- Acute dacryocystitis if mild
- Atopic keratoconjunctivitis with corneal epithelial macro-erosion or plaque
- Unilateral blepharitis if carcinoma suspected
- Chlamydial conjunctivitis
- CMV and candida retinitis
- Commotio retinae
- Corneal hydrops if vascularisation present
- CRVO with elevated IOP (40mmHg refer as emergency)
- Herpes zoster ophthalmicus with deeper corneal involvement – urgent referral to ophthalmology, but refer to GP as an emergency for systemic anti-viral treatment
- IOP>35 mm Hg (and <40mmHg) with visual field loss
- Keratoconjunctivitis sicca if Stevens-Johnson syndrome or ocular cicatricial pemphigoid are suspected
- Retrobulbar/optic neuritis
- Ocular rosacea with severe keratitis
- Rubeosis
- Squamous cell carcinoma
- Steroid induced glaucoma
- Sudden onset diplopia
- Vernal keratoconjunctivitis with active limbal or corneal involvement, or

<https://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/working-with-colleagues/urgency-of-referrals/?searchtoken=urgent>

## Appendix B

Examples of sight threatening condition requiring **referral to hospital eye casualty** (as defined by College of Optometrists) – **rapid access (TTC 24 hours)**

- Acute glaucoma
- Acute dacryocystitis in children, or in adults if severe
- Corneal foreign body penetrated into stroma, or with presence of a rust ring (unless optometrist is specifically trained in rust ring removal)
- CRAO
- Endophthalmitis
- Facial palsy, if new or with loss of corneal sensation
- Herpes zoster ophthalmicus
- Hyphaema
- Hypopyon
- IOP  $\geq$  40mmHg (independent of cause)
- Microbial keratitis
- Papilledema
- Penetrating injuries
- Pre-retinal hemorrhage, although a pre-retinal hemorrhage in a diabetic patient with known proliferative retinopathy who is already being actively treated in the HES would not need an emergency referral
- Retinal detachment unless this is long-standing and asymptomatic
- Scleritis

- Sudden severe ocular pain
- Symptomatic retinal breaks and tears
- Trauma (blunt or chemical), if severe
- Unexplained sudden loss of vision
- Uveitis
- Vitreous detachment symptoms with pigment in the vitreous, or
- Viral conjunctivitis if severe (e.g. presence of pseudomembrane)

<https://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/working-with-colleagues/urgency-of-referrals/?searchtoken=urgent>

## Appendix C

Examples of life/sight threatening ophthalmic presentations requiring **immediate emergency care**:

- Acute 3<sup>rd</sup> nerve palsy (sudden ptosis with diplopia)
- Malignant hypertension (headache with swollen discs)
- Carotid aneurysm/acute Horner's
- Giant Cell Arteritis (headache/acute loss of vision)
- Orbital cellulitis and feeling unwell