

JELLOC

Joint Essex Local Optical Committee

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THE ESSEX INTEGRATED EYECARE SCHEME

The object of the scheme is to treat people with clinical eyecare needs in their local community whenever possible; and also to identify those patients with acute ocular conditions who need hospital treatment so they may be referred advisedly and without delay to an ophthalmologist. Patients with relatively minor conditions will be directed by their GP to a suitably qualified and participating optometrist who will either manage the condition or advise the GP on appropriate medication, without the need for hospital intervention. Appropriately qualified optometrists will engage in therapeutic treatment as permitted under current legislation. More serious and acute cases will be sent into secondary care on a good quality referral.

A full outline and the aims of the scheme are available in a separate document.

The scheme will be piloted, in the first instance, by two selected optometrists who already practice in the Billericay, Brentwood and Wickford PCT area. The scheme will be sponsored by the BBW PCT and jointly administered with the Joint Essex Local Optical Committee.

Eligibility criteria for optometrists

For the purpose of launching the pilot, the PCT will be selecting from practitioners who already hold post-graduate qualifications or can demonstrate advanced clinical skills and who possess the necessary level of equipment. **Selection of appropriate practitioners is at the discretion of the PCT.**

When the scheme is applied more widely, there may be opportunities for optometrists who cannot be considered at the current time to receive appropriate training.

Optometrists wishing to participate in the pilot must have undertaken the 'Clinical Skills' course run by the Institute of Optometry, or alternatively be prepared to attend the course during 2006, funded by the PCT.

Optometrists must have all the items of equipment listed in Appendix 1, and must have access to them in their consulting rooms at all times.

Optometrists must qualify and apply as individuals. In practices where several optometrists attend, each optometrist wishing to take part in the pilot scheme should apply in her/his own right.

Participating optometrists will be asked to register on the scheme by signing a registration form. See Appendix 3. The PCT will issue a Service Agreement.

Optometrists must belong to a Peer Review Group that meets four times per year. If no group currently exists, then participating optometrists must form one to fulfil the requirements of this scheme.

In order that the scheme can be monitored, participating optometrists must agree to adhere to this protocol and allow PCT access to patients' records and self-auditing procedures.

The Joint Essex Local Optical Committee will also monitor quality and compile statistics associated with the scheme and its users. All data will be treated as confidential and handled according to the rules of the Data Protection Act. Patient satisfaction will be measured using a questionnaire devised by the PCT. Outcomes will be reported to ophthalmologists at Southend Hospital.

The PCT is aiming for a start date in January 2006. The pilot period will be for 12 months, with a review after the pilot has been running for 10 months.

How patients enter the scheme

Patients are referred onto the scheme by their own GP (or the GPs practice nurse or receptionist). Suitable subjects for the scheme may be

- Patients who present with red eye and are in need of differential diagnosis and possibly therapeutic medication
- Patients presenting with ocular symptoms such as flashing lights, headaches, ocular pain, loss of normal vision, photophobia, double vision and other visual disturbances
- Patients presenting with styes, cysts, blocked tear ducts, dry eye and/or other external eye problems
- Patients reporting any other ocular symptoms

Only patients registered with GPs in the BBW PCT area will be eligible for the scheme, with a view to expansion into Mid-Essex after the pilot period.

It is recognised, of course, that GPs may wish to treat their patients in these categories themselves. However, the scheme has been introduced to relieve pressure on GP time and to reduce inappropriate or unnecessary referrals into the Hospital Eye Service, where GPs are unable to make a definite diagnosis or when they would be inclined to refer 'just in case'.

If referring a patient onto the scheme, the GP hands the patient a voucher that lists the participating optometrists. The patient selects a practitioner based on his/her own criteria. (This does not, in any way, prejudice the patient's right to attend their regular optometrist for normal eye examinations and for the supply of spectacles.) The voucher is passed on to the optometrist who attaches it to a schedule when making his/her claim for fees.

Patients cannot self-refer.

The consultation process

Patients who present a voucher and who request a consultation should be offered an appointment preferably on the same day, or at least within 24 hours (excluding Sundays). Patients who present with acute symptoms and who cannot be offered an

appointment the same day should be given information about seeking appropriate advice.

The optometrist should NOT carry out a conventional sight test or issue a prescription, as a function of the scheme, although the recording of VAs will form part of the diagnostic process.

A GOS or private eye examination may be carried out if requested by the patient and should be regarded as a separate procedure. The practitioner should at all times respect the patient's loyalty to their usual optometrist and not solicit the provision of services that fall outside the scope of the scheme.

The patient's details should NOT be added to the practice reminder system for the purpose of sending recall letters for regular eye examinations, unless the patient expressly requests it.

Outcomes resulting from the consultation will be one of the following:

- The optometrist decides to manage the condition, and offers the patient advice and/or prescribes medication. A follow-up consultation may be necessary.
- The optometrist carries out a minor clinical procedure e.g. eyelash removal. A follow-up consultation may be necessary.
- At a follow-up consultation, the ocular condition has not resolved, so the optometrist refers the patient into the HES.
- The optometrist diagnoses the condition and suggests appropriate medication for the GP to prescribe
- The optometrist refers the patient urgently/non-urgently into the Hospital Eye Service using the usual channels of communication
- The optometrist reassures the patient and discharges him/her.

All advice given to the patient, and procedures undertaken should be recorded on a patient card or electronic device, and stored in a safe retrieval system.

A maximum of one initial consultation and one follow-up fee is payable for each patient.

A Jeloc-4 multi-part form should be completed for EVERY patient, and a copy sent to the GP, including 'for information only'.

The Jeloc-4 should be clearly marked 'EIES' along the top, to differentiate it from other Jeloc-4 forms used outside the scheme.

All parts of the form should be completed appropriately.

Practitioners may wish to use the electronic version of the form, in which case an extra copy should be issued and given to the patient.

The use of other modes of referral such as GOS 18s, hand-written or computer-generated letters is strictly forbidden.

Every case should be 'logged' on the sheet supplied in Appendix 2.

Any related correspondence should be filed carefully with a copy of the original Jeloc-4, with the outcome noted on the self-audit sheet.

Optometrists should self-audit individual 'diagnoses and outcomes' for discussion at Peer Review group meetings.

False negatives and false positive incidents should be clearly and honestly recorded.

At the end of each month, the optometrist should submit an invoice to the PCT for fees which are £30 for an initial consultation and £15 for a follow-up. A voucher should be attached for each patient. The PCT will not settle claims that are not verified by an accompanying voucher.

During the pilot period, we would be pleased to receive feedback about the operation of the scheme. Please e-mail your comments and experiences to jeloc1@btconnect.com

APPENDIX 1 – EQUIPMENT LIST

- Slit lamp
- Contact tonometer
- Visual fields equipment
- Ophthalmoscope
- Amsler charts
- Epilation equipment
- Diagnostic drugs
- Volk lens

.....and preferably a digital fundus camera.

APPENDIX 3 – REGISTRATION FORM

Please register me on the EIES Pilot Scheme. I confirm that I have read and understand the protocol and will adhere to its principles.

I understand my patient records and personal log sheets will be subject to detailed audit procedures.

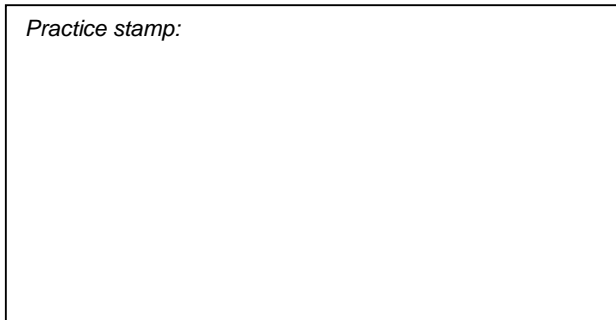
Name of optometrist:

GOC No:

e-mail address:

Optometrist's signature:

Practice stamp:



Please return to:

The Administrator
JELOC
72 High Street
Billericay
Essex
CM12 9BS

This can be folded into a window envelope