**Stafford and Cannock PEATS**

***Primary Eyecare Assessment & Treatment Service***

**PEATS – Guidance for Participating Optometrists (July 2015)**

Each accredited practice has a contract with Primary Eye Care (Shropshire & Staffordshire) Ltd (SAS PEC) to supply services under the Primary Eyecare Assessment & Treatment Service (PEATS), which will be launched on Monday 20th July, 2015. The following guidance mirrors the contract between SAS PEC and Stafford & Surrounds and Cannock Chase Clinical Commissioning Groups (CCGs). Please read it and ensure that you understand what is required of the contractor and each PEATS practitioner.

**Purpose**

The prime purpose of PEATS is to reduce onwards referrals to secondary care. Where referral to secondary care is required, it will be to a suitable specialist with appropriate work up, initial diagnosis and urgency. Experience in other similar services, such as the Welsh PEARS scheme, is that 75-80% of patients are managed in the practice, and only 20-25% are referred to secondary care. There is no point in seeing these patients and then referring the majority anyway. The IT system will be monitoring this, both by practice and by practitioner.

**Key points:**

* All provision of service must be recorded on the IT system (Webstar Health OptoManager PEATS module). It’s the only way you’ll get paid.
* All contacts regarding PEATS should be recorded, even if they don’t result in an appointment. In reality, this means that you must record any cases where you advise the patient to go straight to New Cross Hospital ARC, or go back to the original referrer (GP, other optician) without seeing them. This is for your own protection, so that there is a record.
* From August 2015, SAS PEC will provide a central hub as the main point of access for referrals from GPs and other healthcare professionals. The hub will be operated by Webstar Health and will receive referrals via NHS.net, fax, and post. The hub can also be accessed by patients via phone. The purpose of the hub is to provide administrative and clinical triage components which will reduce the number of inappropriate PEATS referrals sent to your practice.
* Until the hub goes live, PEATS referrals will be sent directly to your practice via GPs, and occasionally from non-accredited optometrists and DOs, plus self-referrals from patients. The GP will specify that you see the patient either within 24 hours or within 2 weeks, depending on the perceived urgency. You must complete a triage of referrals into your practice via a PEATS reception triage form, so that referrals immediately apparent as inappropriate are sent straight to New Cross ARC with appropriate urgency (24 hours or 72 hours) without seeing them in PEATS, or bounced back to the original referrer (with comments) without seeing them in PEATS. Again, make a note of the contact on the IT system. A PEATS reception triage document can be found on the secure page of Staffordshire LOC’s website.
* As a PEATS practitioner, it is expected that you shall provide assessment and treatment, where appropriate for the following symptoms/conditions:
	+ Distorted vision
	+ Ocular pain
	+ Systemic disease affecting the eye
	+ Differential diagnosis of the red eye
	+ Foreign body and emergency contact lens removal (not by the fitting practitioner)
	+ Dry eye
	+ Epiphora (watery eye)
	+ Trichiasis (in growing eyelashes)
	+ Differential diagnosis of lumps and bumps in the vicinity of the eye
	+ Flashes/floaters
	+ Retinal lesions
	+ Field defects
	+ GP referrals
* If the reception triage identifies any symptoms/conditions that are listed below, you will contact the patient the same day and refer to New Cross ARC (via fax) with appropriate urgency (to be seen by ARC within either <24 hours or <72 hours). Further guidance can be found in the New Cross ARC Urgent Ophthalmological Referrals guidance, which can be found on the secure page of Staffordshire LOC’s website. The New Cross <24 hours and <72 hours referral templates can also be found on the secure page.
* Sudden, persistent loss of vision <48 hours – urgent to ARC (<24 hours)
* Sudden, persistent loss of vision >48 hours – urgent to ARC (<72 hours)
* Sudden onset diplopia – urgent to ARC (<72 hours)
* Injuries: chemical, penetrating or post-operative infection – urgent to ARC (<24 hours)
* Severe ocular pain requiring immediate attention – urgent to ARC (<24 hours)
* Suspected retinal detachment – urgent to ARC (<24 hours)
* Suspected vascular abnormality
* For the time-being, all urgent referrals to ARC must be via fax. **Please clearly indicate patient’s phone number**. Your practice’s phone number should be included on the referral template also. Don’t give the patient the referral form to take to ARC by hand, otherwise they will be sent to the back of the queue at A&E before they can be seen at ARC.
* You must stress to the patient that once the ARC appointment has been booked, the patient will need to attend the allocated slot at that time. ARC has a Zero Tolerance Policy to missed appointments and won't offer the patient another one if that appointment is missed.
* If your urgent referral into ARC is faxed after 6pm, the criteria for “seen <24 hours” won’t start until the following morning. For this reason, if a patient presents to reception at lunchtime with symptoms/condition meriting urgent referral to ARC <24 hours, try to make the referral straight away, rather than wait until the end of the day’s clinic.
* If the reception triage identifies the patient as being suitable for PEATS, but you are unable to offer an appointment, you MUST find the patient another practice that can see them within the appropriate timescales of 24 hours or 2 weeks. These timescales apply to working days, which are Monday to Saturday. You will find a full list of practices participating in Stafford & Cannock PEATS on Staffordshire LOC’s website.
* You must complete the Equality & Diversity and Patient Satisfaction Questionnaires (E&D and PROMS) for all PEATS patients seen, where possible. The company requires a significant number of questionnaires to be completed so that it can demonstrate the quality, efficacy and safety of PEATS to the commissioners. This is also available for download from the secure page of Staffordshire LOC’s website.

**Use of PEATS**

The development of PEATS enables contractors to be paid for consultations that were previously private, passed on to secondary care or simply provided out of charity. It is important that the service is not abused. You can certainly refer in to PEATS a case that you might otherwise have referred urgently, such as recent onset flashes and floaters, but it is not suitable for every slightly out of the ordinary case that crops up during a routine sight test.

PEATS follow-up appointments are occasionally desirable, but are not normally necessary: only 13% of patients in Stoke / North Staffordshire PEATS were requested to attend for follow-up. There is no payment for follow-up visits in Stafford and Cannock PEATS, nor can you charge the patient a private fee.

PEATS should not normally be used in the following cases:

* Flashes and/or floaters if < 1 month has elapsed since the first full PEATS consultation for the same issue
* For removing in-growing eyelashes if < 4 months have elapsed since the first full PEATS consultation for the same issue
* For repeat dry eye / blepharitis consultations if < 4 months have elapsed since the first full PEATS consultation for the same issue
* And in similar situations to the previous 2 points, e.g. transient loss of vision
* Where the patient’s reported symptoms indicate that a sight test is more appropriate than PEATS
* Adult squints, long standing diplopia
* Removal of suture
* Repeat field tests to aid diagnosis following an eye examination (unless referred in by a non-accredited optometrist from a different practice)
* Age related macular degeneration (unless disciform changes of recent onset are suspected)

You may repeat a PEATS consultation after a short period for a different problem. The use of PEATS is constantly monitored within the IT system and outliers may be asked for explanations.

There are other specific exclusions to PEATS:

* Patients identified to have severe eye conditions which need hospital attention, e.g. orbital cellulitis, temporal arteritis
* Eye problems relating to Herpes zoster
* Suspected cancers of the eye

Patients cannot be treated under PEATS if their signs or symptoms indicate they are more suitable for the following locally enhanced services:

* South Staffordshire Direct Access Cataract (DAC) pathway
* Stafford & Cannock Glaucoma Referral Refinement (GRR) service
* Staffordshire Diabetic Eye Screening Programme

It is recognised that as patients are self-referring, it is possible that they may attend the service with a condition which is excluded for treatment, but requires assessment and onward referral to an appropriate eye service. In these cases, patient assessment by PEATS is classed as an episode of care and a payment will be made.

The key here is prior knowledge. If a patient books a PEATS appointment with sudden vision loss and it turns out to be wet AMD, the consultation fee will be paid. However, if the wet AMD is identified during a sight test, then PEATS may not be used. If you already know that you will be referring as a result of the sight test, then PEATS cannot be used.

**Referrals**

**Routine referrals**

Routine referrals are made to the GP automatically from the PEATS system. In all consultations a report is generated to the GP. There are text boxes you can fill in to provide more detailed information. These routine referrals may be either to the GP (not for onward referral) or via the GP to ophthalmology.

**Urgent referrals**

Occasionally, symptoms/conditions more appropriate for ARC than PEATS will bypass both the reception triage and the hub. When this happens, the patient can be seen under PEATS and then referred appropriately. Urgent referrals to New Cross ARC should be made by sending a fax (with the referral notes entered on either the urgent <24 hours or urgent <72 hours template – these have been uploaded to the OptoManager IT platform). You may then wish to phone New Cross ARC to make sure that the fax has been received.

Don’t forget:

* **Please clearly indicate patient’s phone number**. Your practice’s phone number should be included on the referral template also. Don’t give the patient the referral form to take to ARC by hand, otherwise they will be sent to the back of the queue at A&E before they can be seen at ARC.
* You must stress to the patient that once the ARC appointment has been booked, the patient will need to attend the allocated slot at that time. ARC has a Zero Tolerance Policy to missed appointments and won't offer the patient another one if that appointment is missed.
* If your urgent referral into ARC is faxed after 6pm, the criteria for “seen <24 hours” won’t start until the following morning. For this reason, if a patient presents to reception at lunchtime with symptoms/condition meriting urgent referral to ARC <24 hours, try to make the referral straight away, rather than wait until the end of the day’s clinic.

Please refer to the New Cross ARC Urgent Ophthalmological Referrals guidance document (see secure page of the Staffordshire LOC website) when deciding whether an urgent referral to ARC needs to be seen <24 hours or <72 hours. This guidance is not intended to be prescriptive. For example, not all corneal foreign bodies need to be referred <24 hours to ARC – in many circumstances, corneal FB’s can be safely removed by the PEATS practitioner. In a similar vein, the IP optometrist can treat certain corneal ulcers and some instances of recurrent uveitis. The inclusion / exclusion protocol for such cases is clearly defined by The College of Optometrists’ Clinical Management Guidelines (CMGs) and should always be adhered to.

**Primary Eye Care (Shropshire & Staffordshire) Ltd**

SAS PEC is a company that has been created as a contracting vehicle for PEATS, GRR and others to follow. The CCGs wished to offer the PEATS pilot out to all interested parties under the “Any Qualified Provider” (AQP) process. The specification was such that an individual practice would be unable to provide the service, hence the SAS PEC contracting vehicle was provided by LOCSU, along with a huge amount of advice, support and time from the LOCSU Optical Lead Dharmesh Patel, and Webstar Health Director Gian Celino.

Five local optometrists are directors of the company and are this taking responsibility for the actions of all practices involved. They have had to put in a lot of work, and take out a considerable amount of time from their own practices. They are therefore likely to have a low tolerance for anyone who does not comply with the contracting requirements.

The 3 Staffordshire directors are:

Stewart Townsend (also Chairman)

Irfan Razvi (also Clinical Governance & Performance Lead for Glaucoma)

Mark McCracken (also Clinical Governance & Performance Lead for PEATS)

Please feel free to contact them with any questions. We suggest you start with Alison Lowell (SAS PEC secretary), or you can go straight to Mark as Clinical Governance & Performance Lead (CG&PL) for PEATS.

**Useful Resources**

College of Optometrists’ Clinical Management Guidelines: *provide a reliable source of evidence-based information on the diagnosis and management of 56 eye conditions that present with varying frequency in primary and first-contact care.*

<http://www.college-optometrists.org/en/professional-standards/clinical_management_guidelines/index.cfm>

The Optometrists’ Formulary: *consists of data sheets that provide prescribing information on all drugs currently available to optometrists.*

<http://www.college-optometrists.org/en/CPD/Therapeutics/guidance/optometrists-formulary/index.cfm>

LOCSU Minor Eye Conditions (MECS) Pathway (previously PEARS): *An outline of the purpose of the service, criteria for inclusion, management and referral protocols, etc.*

<http://www.locsu.co.uk/uploads/community_services_pathways_2015/locsu_mecs_pathway_rev_may_2015_v2.pdf>