Community Eye Care Pathway
Developments in South Staffs
(or: "How we Bridge the
North/South Divide")

Mark McCracken

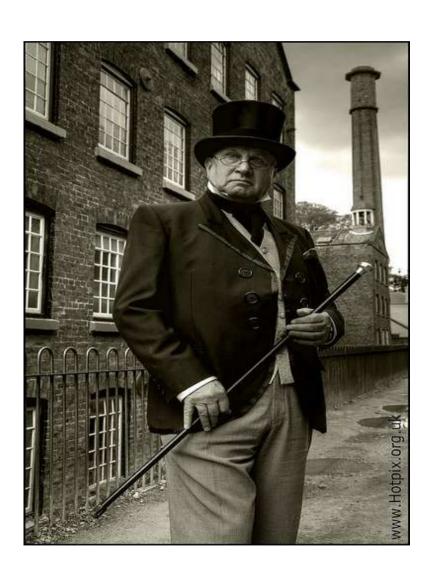
Joint Vice Chair (South)

Staffordshire LOC

Staffordshire Community Eye Care Pathways

| North Staffordshire | Diabetic Eye Screening Direct Access Cataract Referral Post Operative Cataract Acute (PEARS) Paediatrics Glaucoma Test A Glaucoma Test B |
|---------------------|--|
| South Staffordshire | Diabetic Eye Screening Direct Access Cataract Referral Glaucoma Test A (Glaucoma Test B) |

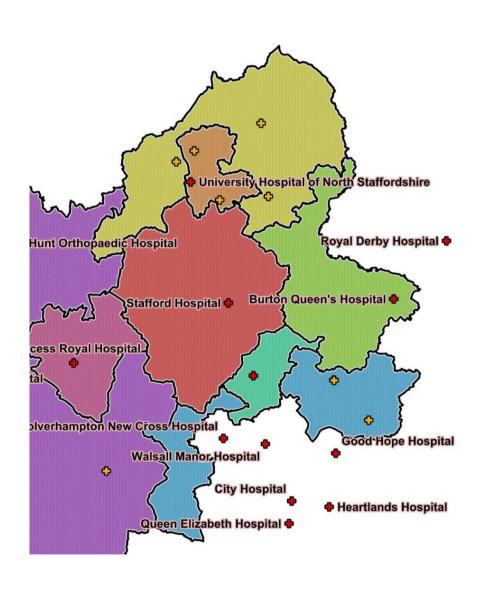
The North



The South



Map of Staffordshire CCGs



Staffordshire CCG Populations

| North: Stoke-on-Trent CCG North Staffordshire CCG | 279,000 213,000 |
|--|--|
| SE Staffordshire and Seisdon Peninsula CCG Stafford & Surrounds CCG East Staffordshire CCG Cannock Chase CCG | 209,600 144,000 132,700 131,200 |

Fit for the Future (FftF)

- Outpatient service redesign for UHNS
- "Map of Medicine" used within FftF programme to develop, agree and implement care maps for patients
- Programme of reform and improvement of health services across North Staffordshire to provide more hospital standard services in local communities

Fit for the Future (FftF)

Big launch of Ophthalmology strand of FftF in September 2009 at Britannia Stadium

Phase 1:

- 1. Paediatric Shared Care
- 2. Cataracts
- 3. Diabetic Retinopathy

Phase 2:

1. Acute Eye Care

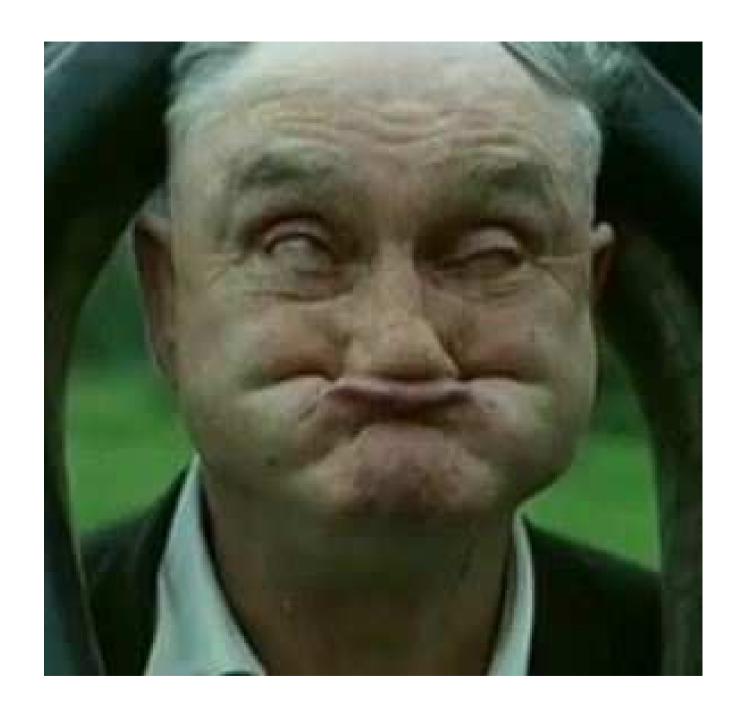
Phase 3:

1. Glaucoma

Fit for the Future (FftF)

Paediatrics

- •All children in North Staffs are screened when in reception year (98% coverage)
- •Twenty optoms, nine orthoptists and two paediatric ophthalmologists
- •Won "The Acorn Award" (national award for service redesign)



SE Staffordshire Referral Triage

(~ 2005-2010)

- •Triage referral protocol had aim of splitting referrals into: i) unnecessary, ii) requiring COSI investigation/management, iii) requiring referral to secondary care
- Same-day referrals excluded from triage
- Triage system never got to point of COSI investigation/management

SE Staffordshire Referral Triage

- However, unnecessary referrals (or those that could be managed in primary care) were identified and sent back
- Resulted in a general improvement in the quality of referrals (initially 40% sent back, then improving to 30%)

South Staffs Glaucoma Pathways

- In response to the NICE clinical guidelines re glaucoma, issued April 2009
- Glaucoma Level 1a (Test A) commissioned across most of South Staffs by 2011
- Glaucoma Level 1 and Level 2 pilot with Webstar IT support commissioned by Stafford & Surrounds CCG in January 2012. 6 practices signed up.

East Staffs Community Pathways

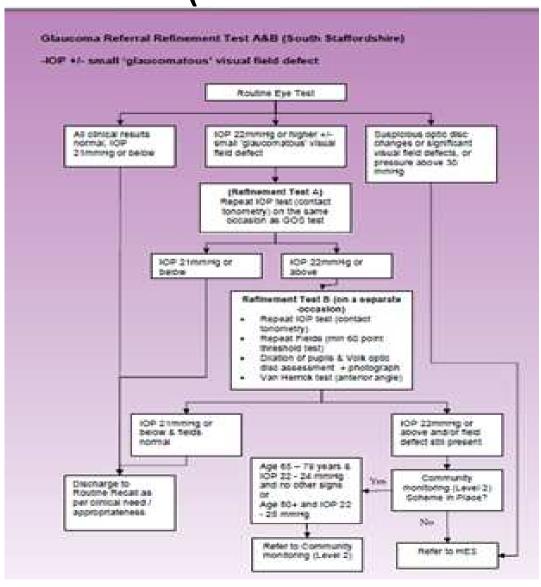
(2011-2013)

- •East Staffs GPs wanted reduction in number of inappropriate referrals
- •LOC initially proposed a PEARS service, but discussions with CCG identified benefits from GRR and Post op Cataract pathways also
- •East Staffs CCG liked the pathways but had bigger fish to fry. On the other hand, if we could get the other CCGs on board...

South Staffs Community Pathways

- ... we spoke to Alex Bennett, Head of Commissioning at Cannock and Stafford CCGs
- The job of overseeing Ophthalmology
 Outpatient Services Redesign was allocated to Mel Savage, fellow Head of Commissioning
- Discussions with Mel Savage and Mel Riley (Head Orthoptist at Mid Staffs NHS Trust) highlighted benefits of Glaucoma and Paediatrics pathways

Glaucoma Referral Refinement Test A & B (South Staffordshire)



Following a Routine Eye Test...

Three possible outcomes:

- 1.All clinical results normal, IOP 21mmHg or below discharge to routine recall (GOS)
- 2.IOP 22mmHg or higher Refinement Test A repeat IOP test (contact tonometry) on the same occasion as GOS test

Following a Routine Eye Test...

- 3. Suspicious optic disc changes AND/OR significant visual field defects, AND/OR pressure above 30mmHg: NOT SUITABLE for Glaucoma Referral Refinement pathway.
 - REFER TO HES, regardless of other results.
- 4. Narrow angle suspicious anterior chamber angle found at GOS or private sight test. If suspect narrow angle refer to HES (Van Herrick's Grade 2 or less), if symptoms of sub acute attacks or IOP >21mm Hg.

Glaucoma Level 1a (Test A)

- Patients who are identified as having IOP >21
 mmHg and no other signs of glaucoma during
 a GOS or private sight test will have
 immediate slit lamp GAT assuming the
 optometrist is contracted to provide the
 service.
- This service falls within core competencies for optometrists.

Glaucoma Level 1a (Test A) 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 22 31 need to proceed to Test B
- 3. Pressures which differ between the eyes by 5 mmHg or more should proceed to Test B
- 4. All other IOP results are within normal limits and the patient can be discharged.

Glaucoma Level 1a (Test B)

- Patient attends for repeat Goldmann applanation tonometry on a separate occasion
- Repeat Fields (min 60 point threshold test)
- Dilation of pupils & Volk optic disc assessment (stereo view) + document with photography
- Van Herrick test (anterior angle assessment)

Glaucoma Level 1a and 2 (Test B)

After repeating Goldmann (if normal fields and disc appearance)...

- Any patients with IOP <= 21mmHg should be discharged
- •If there is a difference in IOP of >=5mmHg between the eyes then consider referral
- •The following patients are referred for OHT diagnosis:

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Age Group <65 yrs 65-79yrs 80yrs+
Pressure >21mmHg >24mmHg >25mmHg
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Paediatrics

- All children are screened by orthoptist when in reception year
- Those with reduced vision in absence of squint or obvious pathology are referred to a COSI
- Patient then followed up by the orthoptist

Paediatrics

COSI Procedure:

- Cycloplegic refraction, kid's trial frame
- Media and fundus check: head set BIO (22 or 20D lens)

COSI Accreditation:

- Clinical session with orthoptist
- Clinical session with ophthalmologist

Raise the Bar!



Happiness is ... participating in 7 community pathways!



