Primary Eyecare

Nov 2022

Glaucoma Repeat Measures Staffordshire

Pathway & Protocols

V2.0

NHS
Providing NHS services

Outline

The service assists the Hospital Eye Service in the deflection of unnecessary secondary care referrals for glaucoma related conditions. The Glaucoma Repeat Measures pathway (also known as Glaucoma Repeat Readings) will reduce patient anxiety and increasing capacity issues within the overburdened hospital glaucoma clinics.

It eliminates the requirement for a visit to the GP and provides a comparable service for people who are unable to leave their home unaccompanied.

Purpose of Service

The aim of the service is to use the skills of accredited primary care clinicians to repeat diagnostic tests to confirm the risk of disease and thus improve the accuracy of referrals and deflect unnecessary referrals.

This will reduce false positive referrals to the hospital eye service, reducing patient anxiety and increasing capacity within the overburdened hospital glaucoma clinics. This should provide a more cost-effective service with a greater number of patients managed within the primary care setting.

- Provide a rapid access, high quality service to patients
- Ensure equity of service including provision to housebound individuals
- Reduce the number of false positive referrals to secondary care
- Reduce waiting lists
- Improve the quality of referrals
- Support care closer to home
- Provide accurate data about outcomes and patient satisfaction

GRM pathway (Type 1)

A patient is eligible for this service if they have any of the below findings at the sight test, but no other signs of glaucoma noted (e.g. no concerning optic nerve features):

- High IOP
- Abnormal visual field defect (where no urgent pathology ocular or general health is the suspected cause)
- High IOP and abnormal visual field defect (where no urgent pathology ocular or general health is the suspected cause of visual field defect)

IOP: Goldmann style applanation tonometry repeat readings

A first level enhanced service for IOP refinement where other signs of glaucoma are not present (i.e. normal optic discs and angles) will reduce unnecessary referrals to the hospital eye service, reducing patient anxiety and minimising capacity issues within the already overburdened hospital glaucoma clinics. The service will be cost effective with a greater number of patients managed within the primary care setting. All clinical interactions should be recorded on the Opera IT platform.

Part 1

Patients who are identified as having IOP 24mmHg or more and no other signs of glaucoma during a GOS or private sight test will have immediate slit lamp GAT or Perkins tonometry assuming the optometrist is contracted to provide the service. This service falls within core competencies for optometrists.

There are three 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 24 - 31 need to proceed to Part 2 (2nd repeat pressure)
3. All other IOP results are within normal limits and the patient can be discharged to routine sight tests.

At risk groups should be monitored at appropriate intervals.

Part 2

Patient attends for repeat Goldman or Perkins Applanation tonometry on a separate occasion.

There are three possible outcomes from repeating this test:

1. All patients with IOP 24mmHg or more would be referred for OHT diagnosis.
2. Where repeat applanation measurements show a consistent difference in pressure of 5mmHg or more, practitioners may wish to consider whether referral may be appropriate, or whether there is a reasonable explanation (e.g., surgery to one eye).
3. The results are within normal limits and the patient can be discharged to routine sight tests. At risk groups should be monitored at appropriate intervals (i.e., Family History of Glaucoma).

Visual Field Repeat Readings

Patients who are identified as having a visual field defect suspicious of glaucoma during a GOS or private sight test will have visual fields repeated on a separate occasion assuming the optometrist is contracted to provide the service. This will be a central suprathreshold visual field assessment using standard automated perimetry. This service falls within core competencies for optometrists.

Outcomes

There are three possible outcomes from these tests:

1. The results are within normal limits and the patient can be discharged. At risk groups should be monitored annually under GOS. (This would include the case where there is a defect on the repeat but NOT in the same areas of the visual field as the original defect. Such inconsistent defects are usually due to the patient finding the test difficult and should not, as a rule, lead to referral and further repeats/monitoring may well just add further confusion.)
2. Visual field is suspicious and requires monitoring at appropriate intervals.
3. Visual field defect is confirmed, and the patient is referred to consultant ophthalmologist.

(Where the patient has been given a second GRR appointment because both the IOP > 23mmHg and has a suspicious visual field, then at this 2nd GRR appointment, the IOP is to be checked first and if it is > 23mmHg the patient is to be referred for OHT diagnosis. A visual field test should not take place. If, however, at this second GRR appointment the IOP <24mmHg then a visual field test must be performed. If the results of this 2nd visual field test are suspicious then the patient should be referred to the consultant ophthalmologists.

Exclusion criteria:

- Children under the age of 18
- IOP >=31mmHg
- Concurrent referable pathology
- Visual fields suggestive of non-glaucomatous causes
- Other signs of glaucoma such as ONH anomalies or Suspect angle closure glaucoma.
- Patients already under the glaucoma monitoring service
- Patients registered with an out of area GP.

Non-Participating Practices

It is anticipated that most optometrists will participate. Referral readings for patients from non-participating or out-of-area practices can be provided by those practices that are providing the service.

Where a practice does not provide GRM, any non-emergency glaucoma/OHT suspect patients should be referred for a Glaucoma Enhanced Case Finding (ECF) assessment rather than GRM to a participating practice.

Where you have determined a patient is suitable for the ECF pathway and needs referring to an ECF-accredited practice, a referral should be done:

1. Via the Primary Eyecare Service referral hub

Email a GOS18 referral to cnech.pecservices@nhs.net – This is the preferred method and any referrals done via this route should come from an nhs.net email account.

2. Direct to an accredited ECF practice

A paper GOS18 referral should be posted directly to the patient's chosen ECF-accredited practice.

- A list of accredited ECF practices in the area should be provided to the patient following their eye examination so they can make a decision on which practice(s) would be most convenient for them to attend.
- It is best practice to contact the chosen practice as a courtesy to check they are happy to receive the referral and they can be assessed within the 4-week timeframe.
- The patient should be advised the chosen ECF practice will contact the patient to arrange an appointment for their assessment.

NOTE: PLEASE HIGHLIGHT ON YOUR REFERRAL – GLAUCOMA ECF SERVICE

Equality Monitoring & Patient Experience Feedback

As part of the requirement to monitor this service all providers will be required to collect patient Equality & Diversity information. Patient Experience Feedback will be received via SMS and other methods in the early days after the patient has completed their episode of care and practitioner input the results into the Opera IT platform. Note this will be at the end of the pathway after the final repeats.

Equipment

All practices contracted to supply the service will be expected to employ an accredited practitioner and have the following equipment available.

- Access to the Internet
- Means of indirect ophthalmoscopy (Volk/headset indirect ophthalmoscope)
- Slit lamp
- Applanation Tonometer (Goldmann or Perkins)
- Distance test chart (Snellen/LogMar) / Near test type
- Threshold fields equipment to produce a printed report
- Appropriate ophthalmic drugs
    - Mydriatic / Anaesthetic / Staining agents

Competencies

All participating practitioners will have the core competencies as defined by the GOC and must meet the accreditation requirements as below.

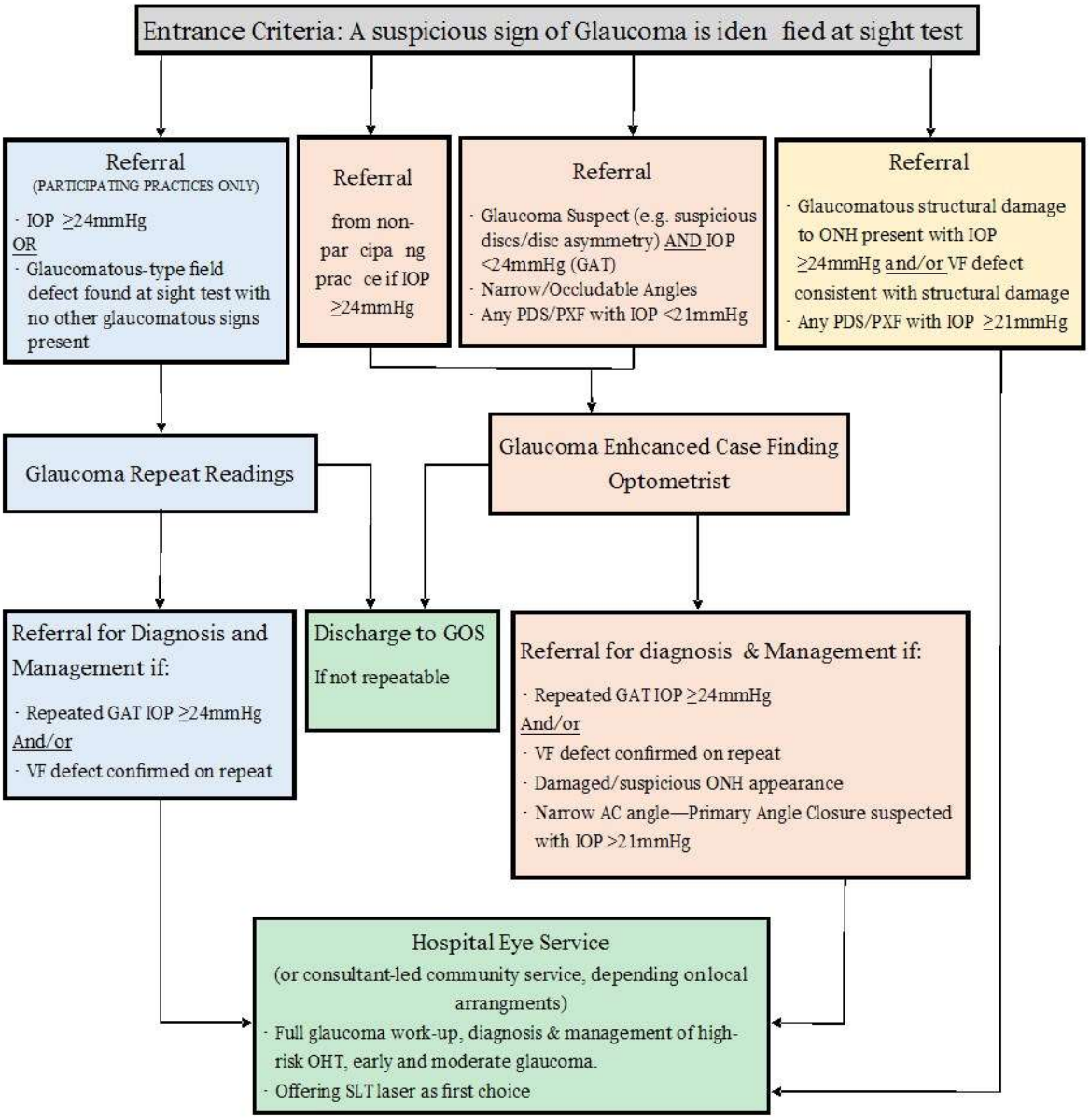
All practitioners must have completed the distance learning WOPEC Glaucoma Level 1 accreditation.

Also, all practitioners partaking in the provision of the service must also completed Safeguarding Level 2 training. For optometrists this is the DOCET Children's and Adult's Safeguarding Certificate.

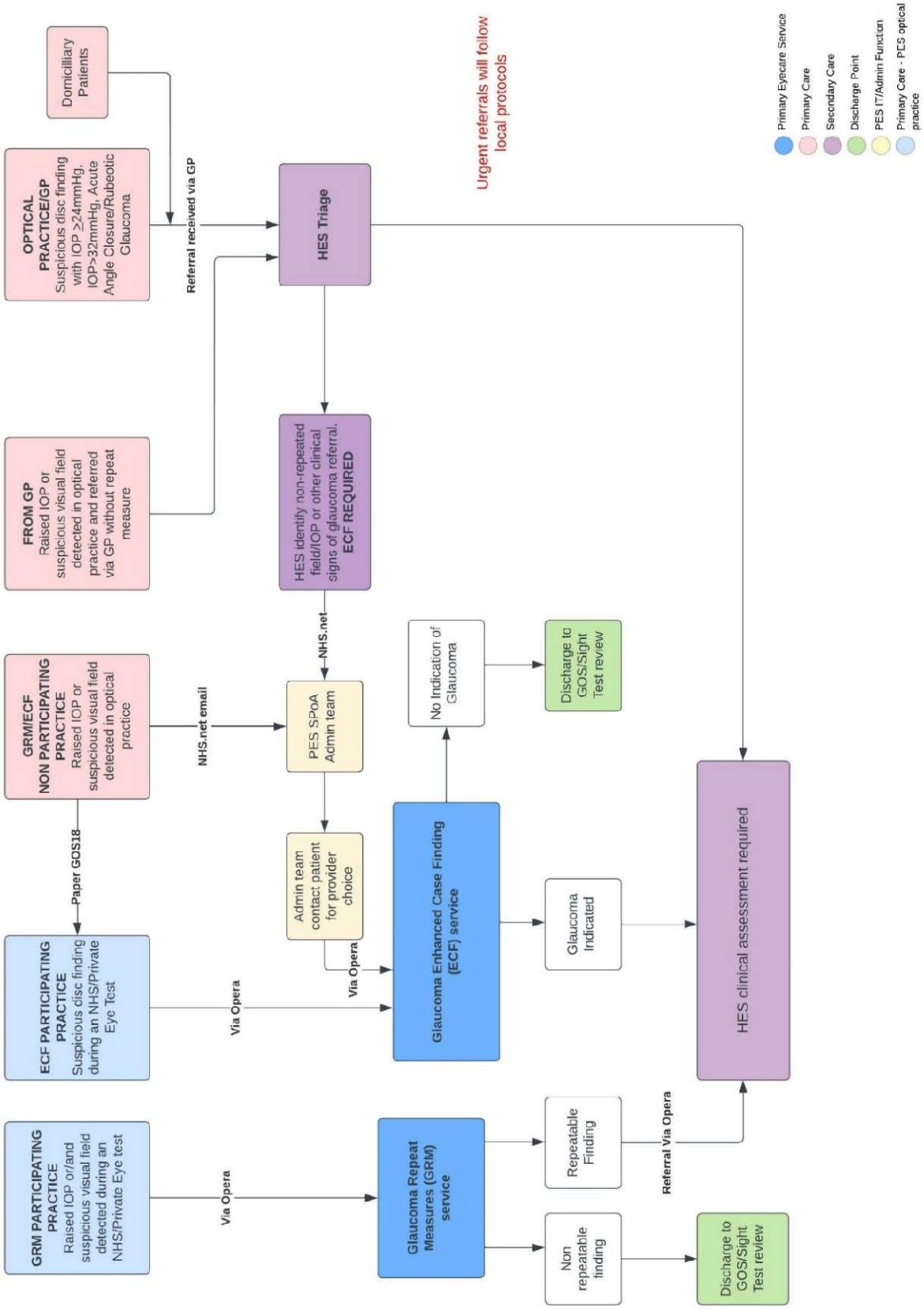
In addition, all practitioners must have a valid Enhanced DBS (Disclosure and Barring) certificate with the update service.

Participating practitioners will also be expected to keep their knowledge and skills up to date.

Glaucoma Pathway

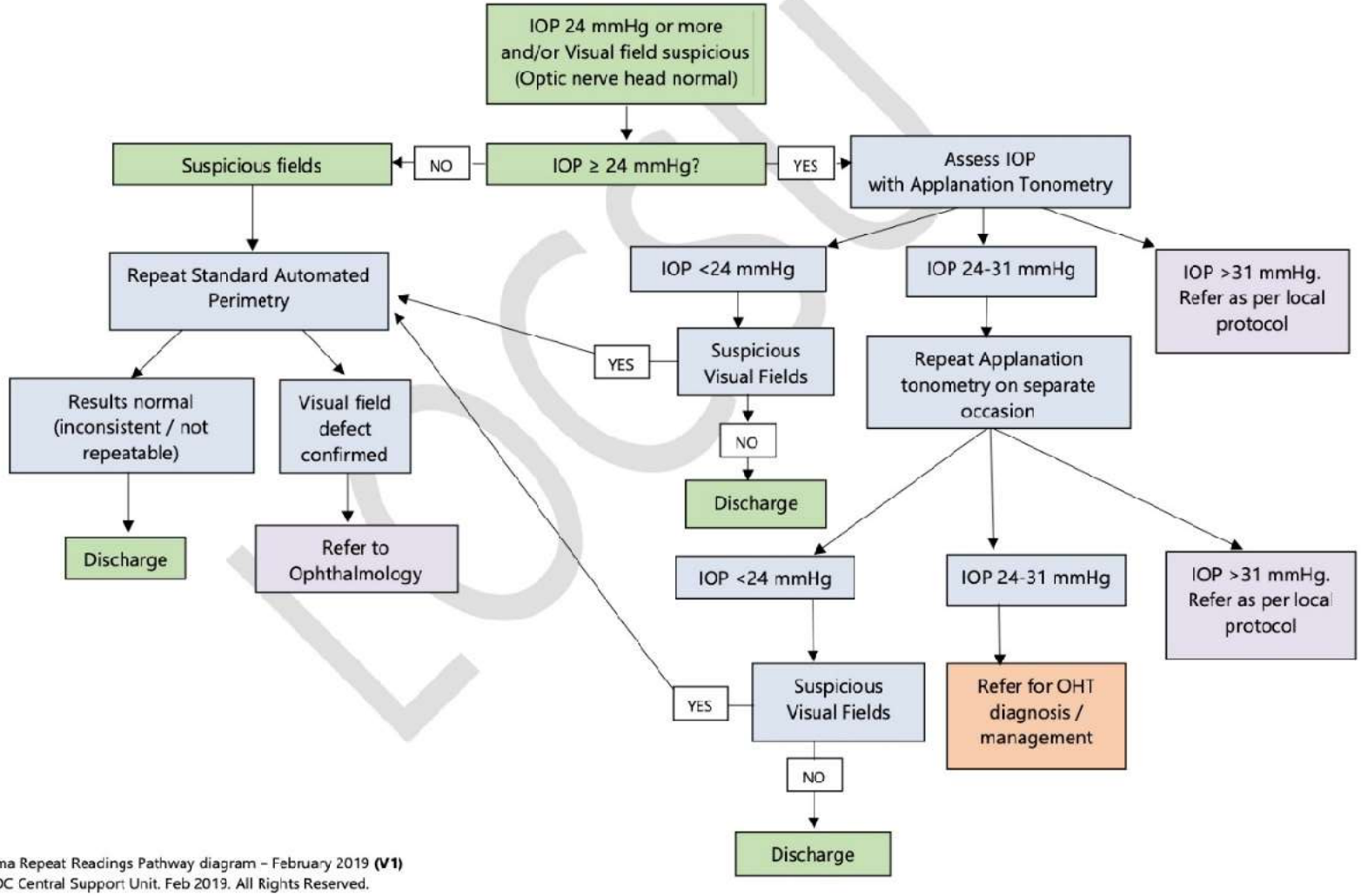


Non-Participating Practices Pathway



Glaucoma Repeat Readings Pathway

Entrance criteria: A raised IOP or suspicious visual field is identified during GOS or private sight test



LOCSU Glaucoma Repeat Readings Pathway diagram – February 2019 **(V1)**

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