

July 2022

Glaucoma Enhanced Case Finding (ECF) Staffordshire Pathway & Protocols

V1.0



Purpose of Service

The aim of the Glaucoma Enhanced Case Findings (ECF) (also known as Glaucoma Repeat Readings) is to use the skills of accredited primary care clinicians to confirm the risk of glaucoma or ocular hypertension and thus improve the accuracy of referrals and deflect unnecessary referrals. The service will reduce patient anxiety and increase capacity issues within the overburdened hospital glaucoma clinics.

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
- 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

ECF Pathway

This Glaucoma Enhanced Case Finding (ECF) is for patients with signs suspicious of glaucoma who aren't suitable for a Glaucoma Repeat Measures Service (GRM).

A patient is eligible for this service if they have any of the below findings at the sight test:

- Suspicious discs or disc asymmetry **and** IOP <24mmHg (GAT)
- Narrow/Occludable angles
- Any PDS/Pseudoexfoliation with IOP <21mmHg
- IOP 24-31mmHg **and/or** a visual field defect suspicious of glaucoma from a non-participating practice of the Glaucoma Repeat Measures (GRM) service
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The service will detect glaucoma or glaucoma suspect status or ocular hypertension by carrying out each of the following assessments:

- Visual Field Assessment - central visual field assessment using standard automated perimetry (full threshold or supra-threshold)
- Assessment of the optic nerve head – Dilated optic nerve assessment and fundus examination using stereoscopic slit lamp biomicroscopy
- Intraocular pressure (IOP) measurement - using slit-lamp mounted Goldmann Applanation Tonometry (GAT) or Perkins
- Assessment of the anterior chamber - peripheral anterior chamber configuration and depth assessments using the van Herick test.
- History taking to include questions to identify risk factors associated with glaucoma.
- OCT

Optionally practitioners may also decide to carry out:

- Central corneal thickness measurement via any available method (e.g., Pachymeter / OCT)
- Gonioscopy

Exclusion criteria:

- Children under the age of 18
- IOP ≥ 31 mmHg
- Concurrent referable pathology
- Signs and symptoms and/or clinical presentations indicating urgent or emergency referral
- Visual fields suggestive of non-glaucomatous causes
- Patients already under the glaucoma monitoring service
- Patients registered with an out of area GP.

Outcomes

Refer to Hospital Eye Service for diagnosis and management, if:

- IOP 24mmHg or more (consider urgency if IOP 32mmHg or more)
- Glaucomatous type visual field defect confirmed
- Damage / suspicious Optic Nerve Head
- Narrow anterior chamber angle – primary angle closure suspected

Discharge - If the suspicious findings are not repeatable, discharge and advise to continue regular visits to their primary eye care professional, ideally with a written outcome of the assessment to referring optometrist or given to the patient to give to their regular optometrist.

Non-Participating Practices

Where a practice does not provide **Glaucoma Repeat Measures (GRM)** or **Glaucoma Enhanced Case Finding (ECF)** and has been determined a suitable patient for the ECF pathway, the patient needs to be referred to an ECF-accredited practice. This can 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
- OCT
- 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 and Level 2 accreditation.

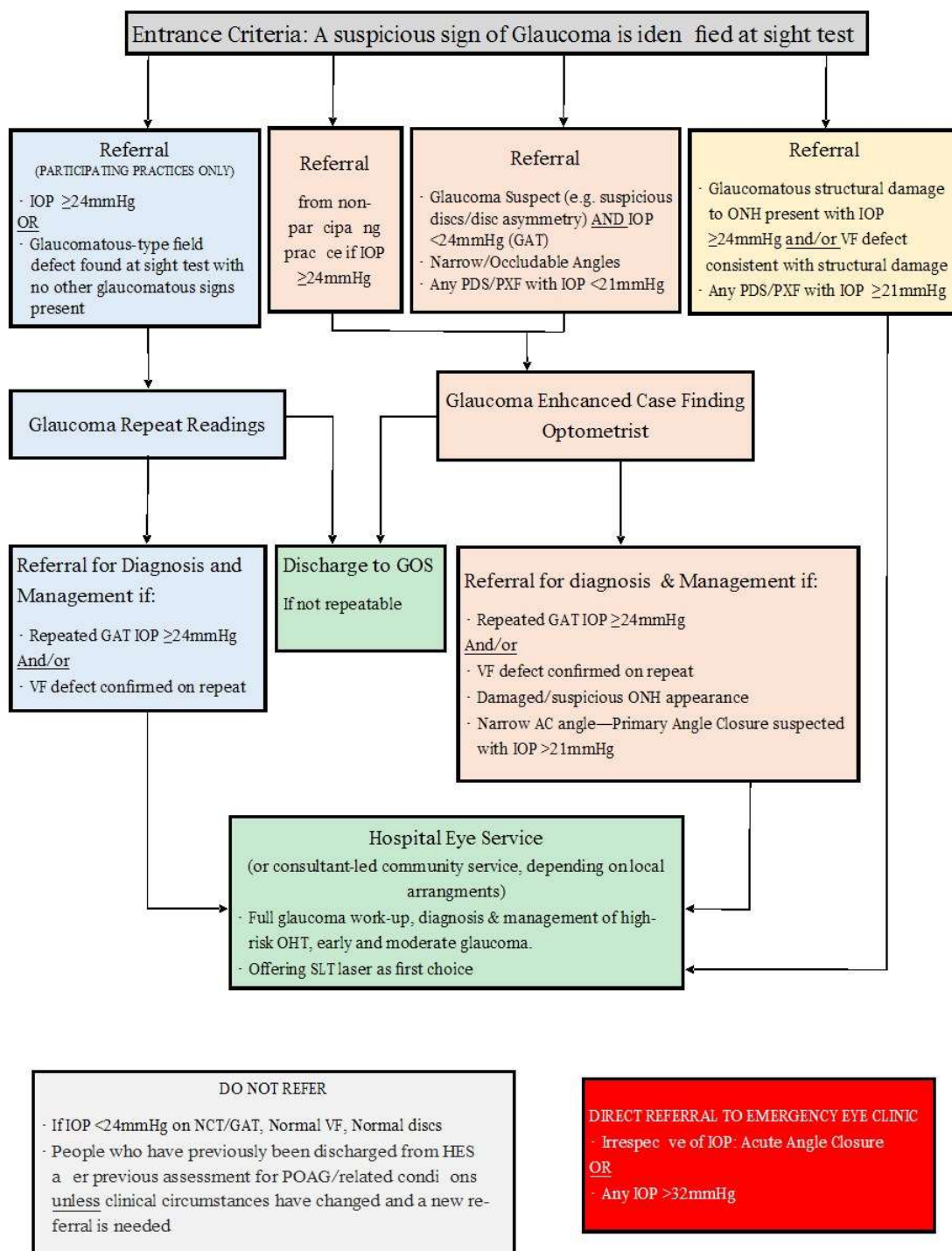
All practitioners are required to commit to completing the College of Optometrists Professional Certificate in Glaucoma (or equivalent as agreed with the commissioner and clinical lead for the service). In addition, practitioners are expected to actively participate in the Staffordshire Glaucoma MCN for ongoing training and development.

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.

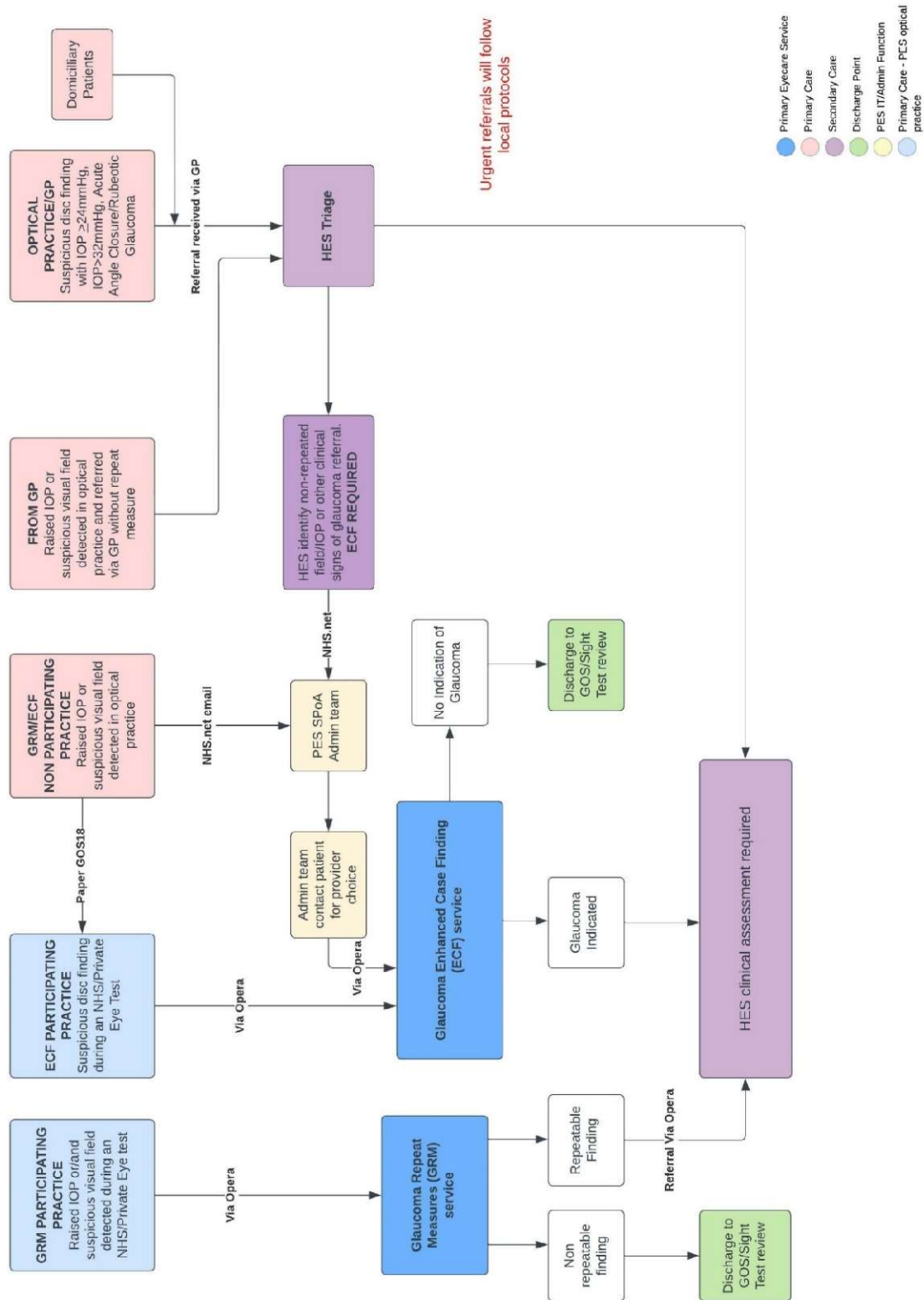
In addition, all practitioners must have a valid Enhanced DBS (Disclosure and Barring) certificate with the update service.

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

Glaucoma Pathway



Non-Participating Practices Pathway





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