

Glaucoma Referral Refinement Policies and Protocols

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GRR Service

Purpose

- To refine referrals for glaucoma
- To reduce false positive referrals in to secondary care
- ▶ To manage suitable patients within the community
- Increase accessibility and reduce waiting times
- ▶ 75% deflection





- ▶ LOCSU Ia: Goldmann style applanation tonometry (GAT) repeat readings (£25)
- Identified as having IOP>21mmHg and no other signs of glaucoma with NCT / Rebound:
 - Optic Discs healthy
 - Fields normal
 - No acute symptoms
- Immediate Applanation Tonometry (Goldmann or Perkins)



Outcomes

- I IOP normal patient discharged
- 2 IOP>31mmHg patient referred
- 3 IOP 22-31 proceed to Part 2
- 4 IOP difference >5mmHg proceed to Part 2

▶ Part 2 - Second AT repeat within 4 weeks.

Patients who need to be referred for OHT diagnosis

Age group	<65 years	65-79 years	80+ years
Pressure	>21mmHg	>24mmHg	>25mmHg





Patients who can be directly referred to OHT monitoring service

Age group	65-79 years	80+ years
Pressure	22-24mmHg	22-25mmHg

- Joint RCOphth/Coptom's advice suggest an optometrist might "consider not referring" as under NICE guidelines they will never need treatment. Patients still need monitoring to pick up any signs of progression towards COAG. It is not appropriate to monitor under GOS
- NICE CG85 1.5.6 monitor these patients as having diagnosed OHT. College's advice constitutes the establishment of a "management plan"





- ▶ Part 2 Repeat AT within 4 weeks. (£25)
- ▶ IOP>2 I mmg patient referred.
- Repeat IOP's maintain a consistent difference in pressure over 5mmHg, practitioners may wish to consider whether referral appropriate or reasonable explanation (e.g. Surgery to one eye)



- ▶ LOCSU Ib : Visual Field repeat readings (£35)
- Patient has passed Level 1
- Patients identified as having suspicious VF's which may be glaucomatous during sight test will have repeat on separate occasion within 4 weeks
- Supra-threshold or Threshold
- Report printed
- FDT is excluded



OUTCOMES

- I Visual Field normal patient discharged
- 2 Visual Field defect confirmed patient referred.





- ▶ LOCSU Ic Patients referred from other or nonparticipating practices (£55)
- Second optometrist assumes clinical responsibility for detection of glaucoma/OHT
- Applanation Tonometry (Goldmann or Perkins)
- Visual Fields
 - Supra-threshold or Threshold
 - Report printed
 - ▶ FDT is excluded
- Disc Assessment, ideally with Volk lens



OUTCOMES

- I No sign of Glaucoma patient discharged
- 2 Suspicion of Glaucoma confirmed patient referred
- Referring practice receives a report via the Webstar software



Referrals

- Routine Referrals to the chosen provider via the software. There are text boxes for additional information.
- Copy sent to GP
- Urgent Referrals should be made in the usual way



Other Indications

Suspicious optic nerve head found at GOS or private ST – refer directly as per normal protocols.

Narrow Angle found at GOS or private ST – refer directly as per normal protocols.



Key Points

- Everything is done via the IT platform
- You need a record yourself
 - You can use the IT system
 - Fill details into the text box
 - Print a record



Key Points

- Clinical Governance and Accreditation requirements.
- Activity and deflection will be monitored for outliers.
- ▶ PECM will report back to the CCGs quarterly.



Key Performance Indicators

- ▶ Patients seen within 4 weeks. 90%
- ▶ Patient Experience test completed F&F 40%
- Satisfaction Results Likely or Very Likely 90%

Money



PECM Ltd receives

- ▶ £9 per episode
- Costs include
 - Company insurance
 - Company accounts / filing
 - Data registration / IG toolkit / etc.
 - Reporting to CCG
 - Monitoring Service and supporting practices
 - Management of the service



Money

Webstar

- Data collection
- ▶ Audit data
- Software and ongoing support
- Payment processing



Policies & Protocols

On the LOC website:

- <u>http://www.centralmerseyloc.org/glaucoma-referral-refinement/</u>
- Webstar tutorial
- Pathway
- Complaints policy
- Various policies

