Primary Eyecare
Mersey
Glaucoma Repeat Readings Service

Policies and Protocols

Halton and St Helens

GRR Contract and Protocol Key Points

Each practice has a contract with Primary Eyecare Mersey Ltd (PECM Ltd) to supply services under the Glaucoma Repeat Readings Service (GRR). This contract mirrors the contract between PECM LTD and both Halton and St Helens Clinical Commissioning Group (CCG). Please read it and ensure that you understand what is required of the contractor and each practitioner.

Purpose

The prime purpose of GRR is to reduce onward referrals to secondary care. Experience in other similar services is that ~75% of patients are managed in the practice and only 20 – 25% are referred to secondary care. The Webstar/Optomanager IT system will be monitoring this, both by practice and by practitioner.

Key contract points:

1. All provision of service must be recorded on the IT system (it's the only way you will get paid)
2. Clinical Governance and Accreditation Requirements
3. Activity and deflection will be monitored for outliers.

Key Protocol points

- You are contracted to PECM LTD and the PECM LTD complaints, incidents and performance management policy is the one that applies should you receive a complaint about service under GRR. If you do, this MUST be recorded on the IT platform, which will automatically inform the clinical lead.
- There are several other policies which apply and a link to these will be provided.

Please read all of these carefully.

Primary Eyecare Mersey Ltd

PECM LTD is a company that has been created as a contracting vehicle for this service, and will be used for others in the future. Six local optometrists, two representing each of Central Mersey, Liverpool and Sefton Local Optical Committees are directors of the company and are thus taking responsibility for the actions of all practices involved.

Please feel free to contact any of them with questions. We suggest you start with Paul Morgan as clinical lead for the GRR service.

Documentation

Both contractors and practitioners are required to provide some documentation:

Contractors

The following documents need to be provided to the company

- Quality in Optometry level 1 (GOS requirements)
- Quality in Optometry LOC Company subcontractor Checklist (this has 3 parts – General Condition, Service condition, IG Checklist)

Practitioners

The following documents are uploaded when registering to provide GRRS.

- WOPEC Certificate for Glaucoma
- DOCET Adult safeguarding certificate
- DOCET Children's safeguarding certificate

Additionally, the number of a relevant DBS certificate will need to be included in the application.

PATHWAY

LOCSU 1a: Goldmann style applanation tonometry repeat readings

A first level community service for IOP refinement where other signs of glaucoma are not present 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.

LOCSU 1a (Part 1)

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 or Perkins tonometry assuming the optometrist is contracted to provide the service. This service falls within core competencies for optometrists.

Outcomes

Guidance from the College of Optometrists and the Royal College of Ophthalmologists recommends that the outcome should be dependent on the patient's age and they define certain groups who may not need referral. However, pressures should still be repeated on these groups to ensure that decisions are made based on reliable readings.

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 Part 2 (2nd repeat pressure)
3. Pressures which differ between the eyes by 5 mmHg or more should proceed to Part 2 (2nd repeat pressure)
4. All other IOP results are within normal limits and the patient can be discharged.

At risk groups should be monitored at appropriate intervals.

LOCSU 1a (Part 2)

Patient attends for repeat Goldmann or Perkins applanation tonometry on a separate occasion. This repeat will be within 4 weeks of the initial repeat.

Outcomes

There are four possible outcomes from repeating this test:

1. Patients who need to be referred for OHT diagnosis based on confirmed IOP result:

Age Group	< 65 years	65 – 79 years	80 years +
Pressure	> 21 mmHg	> 24 mmHg	> 25 mmHg

2. Patients who can be referred direct to the OHT monitoring service, assuming there is a service in place:

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

NB: The Joint RCOpht/COptom's advice suggest that optometrists might "consider not referring" this group of patients as under the NICE Guidelines they will never need treatment. Whilst this is true, these patients however do still have OHT and need careful monitoring to pick up any signs of progression towards COAG. It is not appropriate to monitor these patients under GOS.

These patients are not really in any of the groups specifically covered by NICE but the most appropriate way to deal with them is to make the assumption that the College's advice constitutes the establishment of a "management plan" as per para 1.5.6 of NICE CG85 and monitor these patients as having diagnosed OHT.

3. Where repeat applanation measurements show a consistent difference in pressure of 5 mmHg 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).

4. The results are within normal limits and the patient can be discharged.
   At risk groups should be monitored at appropriate intervals.

The criteria for inclusion of patients in LOCSU 1a:

IOP > 21 mmHg as measured at the sight test following College guidance on technique where NCT is used (4 readings), and no other signs of glaucoma are present.

Applanation Tonometry

For the repeat readings service, Perkins will be an acceptable form of Applanation tonometry, as both are based on the Goldmann principal. This would enable housebound patients to be provided this service as the Perkins tonometer is portable.

LOCSU 1b: Visual field repeat readings

A first level community service for visual field refinement 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 should be cost effective with a greater number of patients managed within the primary care setting.

Patients who are identified as having suspicious visual fields during a GOS or private sight test will have visual fields repeated on a separate occasion (within 4 weeks of initial measurement) assuming the optometrist is contracted to provide the service This service falls within core competencies for optometrists. The visual fields assessment must be at least a supra threshold assessment on Visual fields machine able to produce a print out. (NB FDT or non-computerised tests are excluded)

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

The criteria for inclusion of patients in level 1b

Visual field defect which may be due to glaucoma and requires further investigation, and no other signs of glaucoma are present. (Defects caused by old pathology or lens rim artefacts should be excluded.)

LOCSU 1c: Patients from non-participating practices

It is anticipated that most optometry practices will participate in the LOCSU 1a or 1b pathway when commissioned, assuming refresher training is available and funding is appropriate. However, a small minority of practices may decide not to sign up to the pathway. Commissioners may look to accredited practitioners to provide referral refinement for patients from non-participating or out-of-area practices.

In this case, it should be emphasised that the second optometrist assumes clinical responsibility for the detection of the patient suffering from glaucoma or ocular hypertension. Therefore, assessment of the optic disc and visual field are necessary, as well as the IOP via Applantion Tonometry. Examination of the anterior angle may also be relevant if occludable angles are suspected.

These additional examinations required will take more time and thus a greater remuneration is provided.

In these cases, non-participating practices should, where possible, ask the patient to select a participating practice and send the referral details directly to that practice as per local referral protocols. This will enable the patient to experience the most efficient process to receiving the care they need.

The criteria for inclusion of patients in level 1c

- IOP > 21 mmHg as measured at the sight test following College guidance on technique where NCT is used (4 readings), and no other signs of glaucoma are present or visual field defect which may be due to glaucoma and requires further investigation, and no other signs of glaucoma are present.

NB: Glaucoma is a very slow developing disease and there is very little risk to the patient in delaying the repeat tests. The reason for repeating the tests on a different occasion is to ensure that factors that may have influenced the patient responses the first-time round, particularly in the fields test, will be different.

Referrals

Routine referrals

Routine referrals are made to the chosen provider automatically from the IT system. There are text boxes you can use to provide more detailed information.

Urgent Referrals

Urgent referrals should be made in the usual way by phoning the relevant eye department.

Clinical Management Guideline for Glaucoma Repeat Readings

1. Intra-ocular pressure alone *(i.e. normal fields and disc appearance)*

IOP > 21 mmHg by non-contact tonometry at GOS or private sight test and IOP refinement by Goldmann or Perkins tonometry is carried out by the optometrist.

Outcomes:

- All patients with IOP > 31mmHg should be referred for OHT diagnosis without further IOP refinement.
- Any patients with IOP ≤ 21mmHg should be discharged
- If IOP result is 22 - 31mmHg, or if there is a difference in IOP of ≥ 5 mmHg between the eyes then Goldmann (or Perkins) is repeated on a separate occasion.

  Second repeat of Goldmann or Perkins tonometry (on a separate day)

Outcomes:

- Any patients with IOP ≤ 21mmHg should be discharged
- If there is a difference in IOP of ≥ 5 mmHg between the eyes then practitioners may wish to consider whether referral may be appropriate, or whether there is a reasonable explanation (e.g. surgery to one eye)
- The following patients are referred for OHT diagnosis:

Age Group	< 65 years	65 – 79 years	80 years +
Pressure	> 21 mmHg	> 24 mmHg	> 25 mmHg

- The following patients are referred to the OHT monitoring service if it exists or for OHT diagnosis otherwise:

Age Group	65 – 79 years	*80 years +*
Pressure	22 - 24 mmHg	22 - 25 mmHg

2. Visual Field alone *(i.e. normal IOP and optic disc appearance)*

Visual field defect which may be due to Glaucoma found at GOS or private sight test and visual field refinement is carried out by the optometrist on a separate occasion.

Outcomes:

- Field defect consistent on two occasions, patient is referred to consultant ophthalmologist for differential diagnosis or specialist optometrist as per local protocol.
- Field defect inconsistent or not repeatable patient should be discharged

3. Optic Disc indications

Suspicious optic nerve head found at GOS or private sight test. Patient is referred to a consultant ophthalmologist or specialist practitioner as per local protocol

4. *Narrow Angle*

Suspicious anterior chamber angle found at GOS or private sight test.
If suspect narrow angle is found, refer to consultant ophthalmologist if symptoms of sub-acute attacks or IOP > 21 mmHg or greater (Van Herick grade 2 or less)