



Glaucoma Care Pathway

March 2018

Colleagues,

In June 2017 the Health and Social Care Board provided you with the second 'Glaucoma Care Pathway' Primary Care Optometry Update, building on guidance and information issued in the first update in November 2015.

Through the Glaucoma Care Pathway updates Optometrists in primary care have been kept up to date with many important issues in regard to glaucoma service redesign, NICE guidance, Local Enhanced Service provision, audit and outcomes, and support services available within the care pathway.

As the demands on Health and Social Care in Northern Ireland continue to rise there is a pressing need for commissioners and providers of services to reflect, review, examine and consider how they can innovate and redesign models of care. We must jointly strive to improve access to services, optimise the use of resources and enhance the quality of service provided. Cross-sector, collaborative and multidisciplinary working across the entire Health and Social Care system is required to achieve these goals. Now more than ever those involved in service planning and delivery are required to examine and reflect the care they provide and appraise what options exist to make it better for the benefit of patients and the wider health care system. I hope that you will find this update both informative and useful.

Best Wishes

Raymond Curran, Head of Ophthalmic Services HSCB

WHAT IS NEW ?

NICE Guideline 81 Glaucoma: diagnosis and management and

WHAT ARE THE IMPLICATIONS FOR YOU ?

In the [December 2017 issue](#) of the HSCB Optometry Newsletter Optometry contractors and individual Optometrists were advised of the publication of NICE Guideline 81 (NG81) Glaucoma: diagnosis and management. It is essential that all optometrists read NG81 and consider the implications of the revised guideline for your clinical practice. As noted in the December Newsletter NG81 replaces the original guideline issued in 2009 and covers many aspects of care for patients and includes recommendation in regard to patients being referred for suspect glaucoma or OHT and recommendations in relation to diagnosis and ongoing management.

**PLEASE READ THE GUIDANCE AVAILABLE AT THE FOLLOWING LINK, or
[CLICK HERE](#)**

<https://www.nice.org.uk/guidance/NG81>

The clinical care you provide at the first point of contact with a patient is vital and in providing that care you should assure yourself that it is in line with recommended best practice. The following aspects of assessment and referral are relevant to your professional practice:

- ◆ The recommendations in regard to the **CLINICAL TESTS** which should be provided PRIOR to referral — '**Case Finding**' including **NO referrals based solely on high IOP by NCT**. Secondary care eyecare services are currently determining the most appropriate method to deal with referrals which are generated based on high NCT readings alone with no other positive clinical findings e.g. redirect these patients to another optometry practice to have repeat measures completed in line with recommendations in NG81.
- ◆ The recommendations in regard to **DECISION MAKING** about a referral
- ◆ The recommendations in regard to the utilisation of **ENHANCED SERVICES**. These are provided in Northern Ireland and HSCB, individual Optometrists and hospital eyecare services need to consider how they will adopt recommendations in respect of 'INTRA' Professional Referral and the options for further enhanced services to support ongoing monitoring of patients with management plans which could be provided in primary care

OPTOMETRY LOCAL ENHANCED SERVICES:

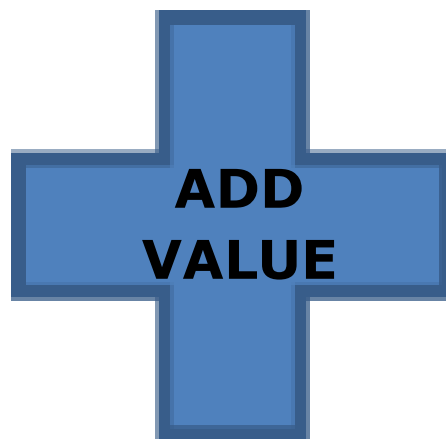
WHAT ARE WE TRYING TO ACHIEVE?

In planning and securing the funding for Local Enhanced Services the HSCB must examine how the provision of an additional and care pathway-specific service can help to:

- ◆ **REDUCE** demand for first out patient appointments by minimising unnecessary and in appropriate referrals
- ◆ **PROVIDE OPTIMUM** clinical information to support a referral in line with NICE Guidelines
- ◆ **UTILISE** skills available in primary care
- ◆ **IMPROVE** patient experience and reduce the worry associated with a referral that may not be clinically necessary



THE AIM IS TO ADD VALUE TO EYECARE SERVICES



ALL LES ACCREDITED OPTOMETRISTS (LEVEL I and LEVEL II) HAVE BEEN INFORMED OF THE UPDATED SERVICE SPECIFICATIONS APPLICABLE TO EACH SERVICE. PLEASE ENSURE THAT YOU PROVIDE THE SERVICE ALIGNED TO THE REQUIREMENTS OF THE SERVICE EFFECTIVE FROM 19th FEBRUARY 2018

UPDATE ON CLINICAL SCENARIOS FOR LOCAL ENHANCED SERVICES

Q: WHAT SERVICE ?

For

Q: WHICH PATIENTS ?

And

Q: WHEN TO PROVIDE IT ?

A reminder of what Local Enhanced Services exist in primary care:

LEVEL I LES

Level I LES: Repeat Intra Ocular Pressure Measurement for **SUSPECT OCULAR HYPERTENSION (ONLY)**

**** To date 421 primary care optometrists are accredited to provide Level I LES****

LEVEL II LES

Level II LES: Enhanced Case Finding for **SUSPECT GLAUCOMA and SUSPECT OCULAR HYPERTENSION**

****To date 96 primary care optometrists are accredited to provide Level II LES****

In order to optimise the impact of Local Enhanced Services please review the updated clinical scenarios in the following pages. These are only examples of clinical scenarios and there will be other clinical situations which will arise in the course of your work.

Please refer to the [LES Specifications](#) for full details of the eligibility criteria for Level I and Level II LES.

Available at: <http://www.hscbusiness.hscni.net/services/2480.htm>

If you are interested in finding out which practices/optometrists are able to provide Level II LES please contact one of the HSCB Optometric Clinical Advisers



SCENARIO 1 :

**SUSPECT OCULAR
HYPERTENSION (OHT) ONLY**



Patient: Male, Age 52yrs noted at routine eye examination IOP values by Non-Contact Tonometry were RE 27mmHg LE 27mmHg. **No other** clinical findings were of concern for the optometrist.

Optometrist is LES I Accredited. Patient Booked for Level LES appointment — IOP Repeat Measures

POSSIBLE ACTIONS

1

2

Level I LES Performed

IOP readings on Repeat Measure
by Applanation Tonometry
RE 23 mmHg
LE 23mmHg

No referral

Level I LES Performed

IOP readings on Repeat Measure
by Applanation Tonometry
RE 27 mmHg
LE 25mmHg

**ACTION 3—Referral to HES by
LES I Accredited Optometrist
(NICE Guidance) OR
CONSIDER ACTION 4
Referral to Level II LES
Accredited Optometrist**

4

3

Level II LES Performed

- ◆ Visual Fields NORMAL
 - ◆ IOP NORMAL by Goldmann
 - ◆ Disc Assessment NORMAL on Dilated Indirect S/Lamp
 - ◆ A/C Angle Assessment NORMAL
- NO REFERRAL INDICATED

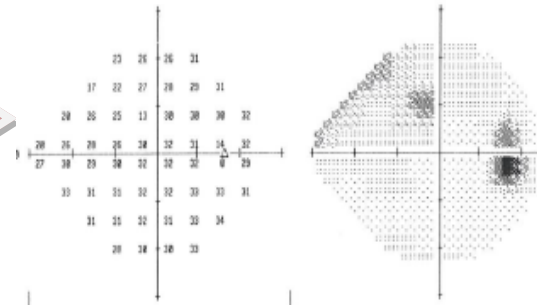
AND

FULL CLINICAL SERVICE PROVIDED
BY COMMUNITY OPTOMETRISTS



HES Appointment

OHT NOT PRESENT
DISCHARGED AFTER ONE VISIT
FALSE POSITIVE REFERRAL

SCENARIO 2 :**SUSPECT VISUAL FIELDS FINDINGS ONLY**

Patient: Female Age 32yrs noted at routine eye examination to have 'field defect'. Optometrist records IOP readings by Goldmann-Type Tonometry R 26 mmHg and L 25mmHg and notes 'slight pallor' of R Disc with 'fields inconsistent'.

N.B NICE GUIDELINE 81 RECOMMENDS THAT YOU PERFORM APPLANATION TONOMETRY USING GOLDMANN-TYPE TONOMETRY AND PERFORM VISUAL FIELDS FOR ALL REFERRALS

1**POSSIBLE ACTIONS****2**

REFERRED TO HES

Visual Fields NORMAL on repeat testing in HES, IOP and Disc Assessment noted as clinically normal
DISCHARGED AFTER FIRST VISIT:
FALSE POSITIVE REFERRAL

REFERRED TO Level II LES Accredited Optometrist

Visual Fields NORMAL on repeat testing through LES II IOP and Disc Assessment – noted as clinically normal
NO REFERRAL INDICATED
AND
FULL CLINICAL SERVICE PROVIDED BY COMMUNITY OPTOMETRISTS

This scenario demonstrates the potential for good access to an appropriate level of clinical care entirely based in primary care optometry practices

SCENARIO 3:

RAISED IOP READINGS & SUSPECT OPTIC NERVE - i.e. NOT JUST SUSPECT OHT

Patient: Female Age 58yrs noted at routine eye examination to have 'asymmetric discs' Optometrist records CD ratios of R 0.4 L 0.6 and IOP readings by Non-Contact Tonometry (as averages) of R 26 mmHg and L 28 mmHg. IOP repeated with Goldmann-Type Tonometry— findings after applanation tonometry R 24mmHg and L 26mmHg

POSSIBLE ACTIONS

1

REFERRED TO HES

- ◆ Visual Fields NORMAL
- ◆ IOP NORMAL by Goldmann
- ◆ Disc Assessment NORMAL on Dilated Indirect S/Lamp
- ◆ A/C Angle Assessment NORMAL

DISCHARGED AFTER FIRST VISIT:
FALSE POSITIVE REFERRAL

2

REFERRED TO Level II LES
Accredited Optometrist

- ◆ Visual Fields NORMAL
- ◆ IOP NORMAL by Goldmann
- ◆ Disc Assessment NORMAL on Dilated Indirect S/Lamp
- ◆ A/C Angle Assessment NORMAL

NO REFERRAL INDICATED
AND
FULL CLINICAL SERVICE PROVIDED BY COMMUNITY OPTOMETRISTS

This scenario demonstrates the potential for good access to an appropriate level of clinical care entirely based in primary care optometry practices

ANOTHER REMINDER.....

1

Level I LES

FOR SUSPECT OHT
NOT for GLAUCOMA

2

Level II LES

FOR SUSPECT
GLAUCOMA **AND**
SUSPECT OHT

Level I LES
Accredited
Optometrists

CAN REFER TO

Level II LES
Accredited
Optometrists

**IF YOU ARE INTERESTED IN FINDING OUT ABOUT THE
OPTIONS AVAILABLE TO YOU FOR INTER-PROFESSIONAL
REFERRAL PLEASE CONTACT ANY ONE OF THE HSCB
OPTOMETRIC CLINICAL ADVISERS WHO WILL BE HAPPY TO
DISCUSS THE OPTIONS WITH YOU.**

**INTER-PROFESSIONAL REFERRAL OPTIMISES AVAILABLE SKILLS AND
HELPS TO ENSURE OPTIMUM USE OF ALL HEALTH CARE RESOURCES**

REFERRALS TO THE GLAUCOMA SERVICE

Referrals to the Glaucoma Service should be made in line with NICE Guideline 81. This applies for all referrals:

- 1. Referrals for suspect Glaucoma and**
- 2. Referrals for suspect Ocular Hypertension (OHT)**

A: Electronic Referral (eReferral) using the Clinical Communications Gateway (CCG)

As of the end of February 2018, 220 Optometry practices have been enabled to use eReferral. Access to eReferral facilitates efficient, secure and direct referral to secondary care eye services. Referrals are received, triaged and a decision made in regard to allocation of an appointment in a timely manner. The CCG hosts options for referral to the Glaucoma Services both for Glaucoma and Ocular Hypertension.

PLEASE REMEMBER: If an Optometrist has provided a Local Enhanced Service and is referring their patient please ensure that you click 'Yes' on the referral template where it asks if a LES has been provided. Please complete the relevant clinical information on the 'Enhanced Services' tab.

NOTE ** Level II LES accredited optometrists must ensure they complete the referral template in full indicating that they have completed all Level II LES clinical tests AND attaching the plots of the visual field test performed

B: Paper Referrals

Optometrists that are using paper referrals sent via the patient's GP must ensure that they use the updated OHT1 referral from if they are referring a patient for suspect OHT. **The OHT1 referral form is for use by Level I LES accredited optometrists and is identified within hospital eye services as such.** Optometrists who are *not LES accredited* should use the GOS 18 referral form (with appropriate clinical information as per NICE Guideline 81, **bearing in mind the recommendations in regard to Goldmann-type tonometry**).

Referrals for Suspect Glaucoma should be made using the G1 referral form (where appropriate, annotating if LES Level II has been provided)

All paper referral form templates are available at this link:
<http://www.hscbusiness.hscni.net/services/2485.htm>

**** OPTOMETRISTS SHOULD ENSURE THAT:**

- 1. The Method of IOP Measurement is noted on ALL referrals**
- 2. When referring a patient who is noted/suspected to have more than one ophthalmic condition (e.g. Cataract & Glaucoma) only ONE referral is generated—directed to the service for the principal condition (e.g. in this scenario—the glaucoma service)**

COLLABORATION TO SUPPORT DELIVERY OF CARE FOR THE BENEFIT OF PATIENTS

In many issues of the [HSCB Optometry Newsletter](#) the Health and Social Care Board have advised you of Project ECHO[®] for Optometry/Ophthalmology and the work to develop the Glaucoma & Macular ECHO[®] Knowledge Network.

Northern Ireland



In 2018/19 the HSCB will progress work to build on the foundations which have been established with the primary care optometrists within the ECHO[®] Knowledge Network.

ECHO[®] is a powerful platform to support service transformation, facilitating collaborative work across primary and secondary care, the active transfer of knowledge, and supporting clinicians in the provision of care for patients in alternative situations and environments. Optometry and Ophthalmology as partners in eyecare provision have been privileged to be involved in Project ECHO[®] as an innovative way to support change in how and where care is delivered.

With leadership provided by the clinical lead within Belfast Health and Social Care Trust, the HSCB will progress work apace in 2018 to develop and agree plans with the ECHO[®] Knowledge Network to implement the first OHT monitoring service in Northern Ireland. These are exciting times for the ECHO[®] Knowledge Network and indeed for the wider eyecare system.

****REMINDER****

- ◆ NICE Guideline 81 recommends that referrals should **NOT** be made on the basis of IOP readings performed by Non-Contact tonometry in particular where **IOP is the sole clinical concern**. Optometrists are advised to ensure that if they are generating a referral for suspect OHT that the IOP measurement is undertaken using applanation tonometry using a Goldmann type tonometer. This guidance applies to the clinical practice for **ALL optometrists** and not just those who are LES accredited. **Optometry practices that do not currently have an applanation tonometer should consider how they will implement the NICE Guidance in their clinical practice**
- ◆ Appointments will be offered to patients where the clinical condition necessitates assessment by the clinical team in the glaucoma service—optometrists should NOT refer patients who do not have the clinical indicators for suspect Glaucoma/OHT e.g. patients who have a FHG and NO abnormal clinical findings should NOT be referred for 'reassurance', they should only be referred where a clinical condition is suspected.

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Every effort has been made to ensure that the information included in this update is correct at the time of publication. This update should not be used for commercial purposes.