



# Glaucoma Care Pathway

**June 2017**

Colleagues,

As the work of [Developing Eyecare Partnerships](#) progresses and the Health and Social Care Board (HSCB) continue to work with primary care Optometry to develop and integrate the eyecare pathways, it is timely that the HSCB provide you with a second primary care optometry update on the Glaucoma Care Pathway.

In November 2015 the [Glaucoma Service Update](#) provided you with information on the first Local Enhanced Service (LES) for primary care Optometry and feedback on activity for the first two years of the LES. The update also provided an outline of the redesign of the Glaucoma Service in the Belfast Health and Social Care Trust was and the role of the [Eye Care Liaison Officers](#) (ECLO) in the Glaucoma clinics regionally.

As Health and Social Care in Northern Ireland embraces change in how and where services are delivered, Ophthalmic services must embrace collaborative working and move forward to innovate and branch out from customary patterns of clinical care. The case for change is compelling and the HSCB thank you for your support as solutions to generate safe and effective care for your patients are found, as a profession, primary care Optometry is leading by example. I hope that you will find this update informative and useful.

Best Wishes

Mr Raymond Curran, Head of Ophthalmic Services HSCB

## DEVELOPING EYECARE PARTNERSHIPS

Improving the Commissioning and Provision of  
Eyecare Services in Northern Ireland



October 2012

# DEVELOPING EYECARE PARTNERSHIPS

## The Strategy to Support Change

Ophthalmology is a high demand specialty accounting for approximately 10% of all outpatient activity and 5% of all surgical procedures carried out annually. The Glaucoma Service, incorporating glaucoma and ocular hypertension clinical care, is estimated to account for between 15-19% of all new referrals, and around 25% of all review activity.

Primary Care Optometrists are an integral part of the glaucoma care pathway providing person centred care supported by the work of [Developing Eyecare Partnerships](#).



# OPTOMETRY LOCAL ENHANCED SERVICES

The overarching aims of the current Primary Care Optometry Local Enhanced Services (LES) as primary care facing services are to reduce and manage demand on the Glaucoma service. The LES enable optometrists to provide services within the community which enhances a referral for suspected Ocular Hypertension (OHT) and Glaucoma by the provision of additional repeat clinical testing.

Level I LES covers the repeated measurement of Intra Ocular Pressure by applanation tonometry and Level II facilitates enhanced case finding by provision of more clinical tests. The benefits of the services are:



**a REDUCTION in false positive referrals**



**a REDUCTION in demand for new outpatient appointments**



**a REDUCTION in patient anxiety caused by unnecessary referral**

**AND.....**

**an overall IMPROVEMENT in the QUALITY of ophthalmic referrals**



# LOCAL ENHANCED SERVICES

## WHAT SERVICE ? For WHICH PATIENTS ? And WHEN TO PROVIDE IT ?

Currently in Primary Care Optometry there are two Local Enhanced Services (LES) to support the Glaucoma Care Pathway. These LES are:

### LEVEL I LES

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

**\*\* To date just over 400 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 85 primary care optometrists are accredited to provide to provide Level II LES\*\***

In order to optimise the impact of Local Enhanced Services it is important that all Optometrists are fully informed of the remit & purpose of each Local Enhanced Service including situations where a Level I LES accredited optometrist could refer a patient to a Level II LES accredited optometrist for clinical assessment. The following fictitious clinical scenarios have been generated to assist optometrists in the provision of care for patients with suspected Glaucoma and Ocular Hypertension and the instances when inter-professional referral for LES may/could be indicated. These are only examples of clinical scenarios and there will be other clinical situations which you should consider. 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>**

**SCENARIO 1 :**

**SUSPECT OCULAR  
HYPERTENSION (OHT) ONLY**



Patient: Male, Age 52yrs noted at routine eye examination IOP values by Non-Contact Tonometry were RE 23mmHg LE 22mmHg. 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 21 mmHg  
LE 19 mmHg  
No referral (Joint College  
Guidance)

Level I LES Performed

IOP readings on Repeat Measure  
by Applanation Tonometry  
RE 22 mmHg  
LE 22 mmHg

Referral to HES by LES I  
Accredited Optometrist (Joint  
College Guidance) **OR CONSIDER**

4

**ACTION 4**

Referral to Level II LES Accredited  
Optometrist

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



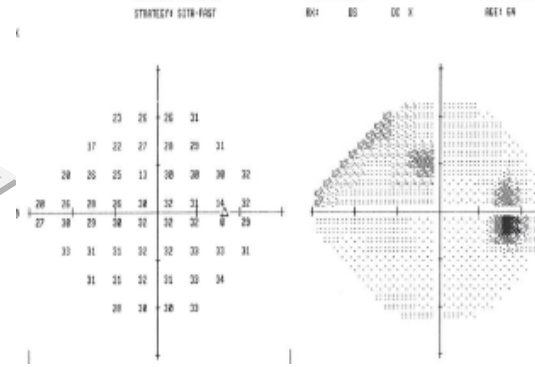
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HES Appointment

**OHT NOT PRESENT**  
DISCHARGED AFTER ONE VISIT  
FALSE POSITIVE REFERRAL

## SCENARIO 2 :

# SUSPECT VISUAL FIELDS FINDINGS ONLY



Patient: Female Age 86yrs noted at routine eye examination to have 'field defect'. Optometrist records IOP readings by Non-Contact Tonometry (as averages) of R 15mmHg and L 16mmHg and notes 'slight pallor' of R Disc.

### POSSIBLE ACTIONS

1

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

2

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  
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 23 mmHg and L 22 mmHg.

### 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**

# REMEMBER — KEY POINTS



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

A recent Survey (May 2017) of Level II LES accredited optometrists demonstrated that many Level II LES accredited optometrists are happy to receive referrals for patients who are eligible for Level II LES.

In the incoming months it is hoped that a more formalised referral pathway from Level I LES accredited optometrists to Level II accredited optometrists can be developed to ensure that Level II LES can deliver optimum impact in primary care in reduction of false positive referrals.



Local Enhanced Services add **VALUE** in care provision and in particular if referral is required in that additional important clinical information is provided for secondary care clinicians to aid triage and consideration of the referral.

Many Optometry practices now have the facility to generate electronic referrals (**eReferral**) via the **Clinical Communications Gateway** (CCG). The CCG hosts options for referral to the Glaucoma Services both for Glaucoma and Ocular Hypertension.

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.

## **REMINDER**

### **Joint College Guidance on Referral for Suspect Ocular Hypertension (OHT): Age & IOP Criteria**

- ◆ Patients up to age 65yrs with IOP >21mmHg with otherwise normal ocular examinations (normal discs, fields and Van Herick)
- ◆ Patients aged 65yrs—80yrs with IOPs of  $\geq 25$ mmHg and with otherwise normal ocular examinations (normal discs, fields and Van Herick)
- ◆ Patients aged 80 years and over with measured IOPs  $\geq 26$ mmHg with otherwise normal ocular examinations (normal discs, fields and Van Herick)

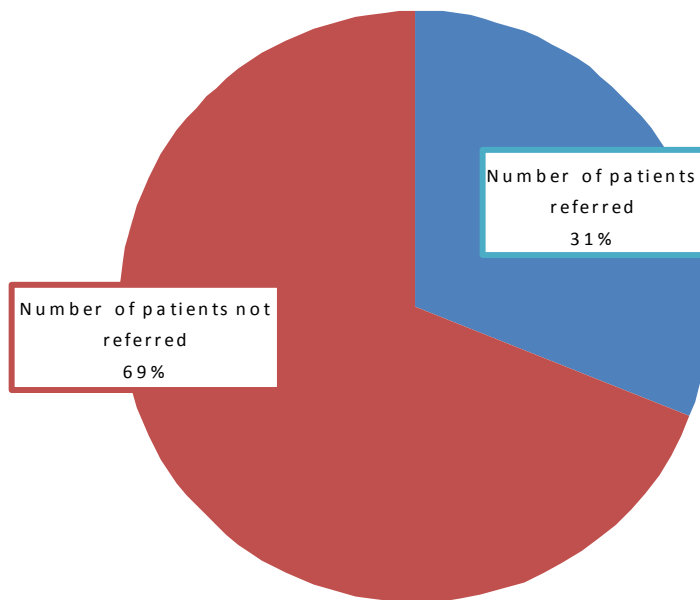
A Level I LES accredited optometrist can refer a patient to a Level II accredited colleague for further investigation because of:

1. Suspect OHT (i.e. IOP still elevated after IOP Repeat Measures Level I LES has been provided and IOP is at levels indicated for referral under Joint College guidance)
2. Other clinical indicators of suspected Glaucoma in a patient as per the Level II LES Specification (i.e. the Level II LES patient eligibility criteria are fulfilled). View the Level II LES Service Specification [click here](http://www.hscbusiness.hscni.net/services/2480.htm) OR <http://www.hscbusiness.hscni.net/services/2480.htm>

# LES Activity / Audit

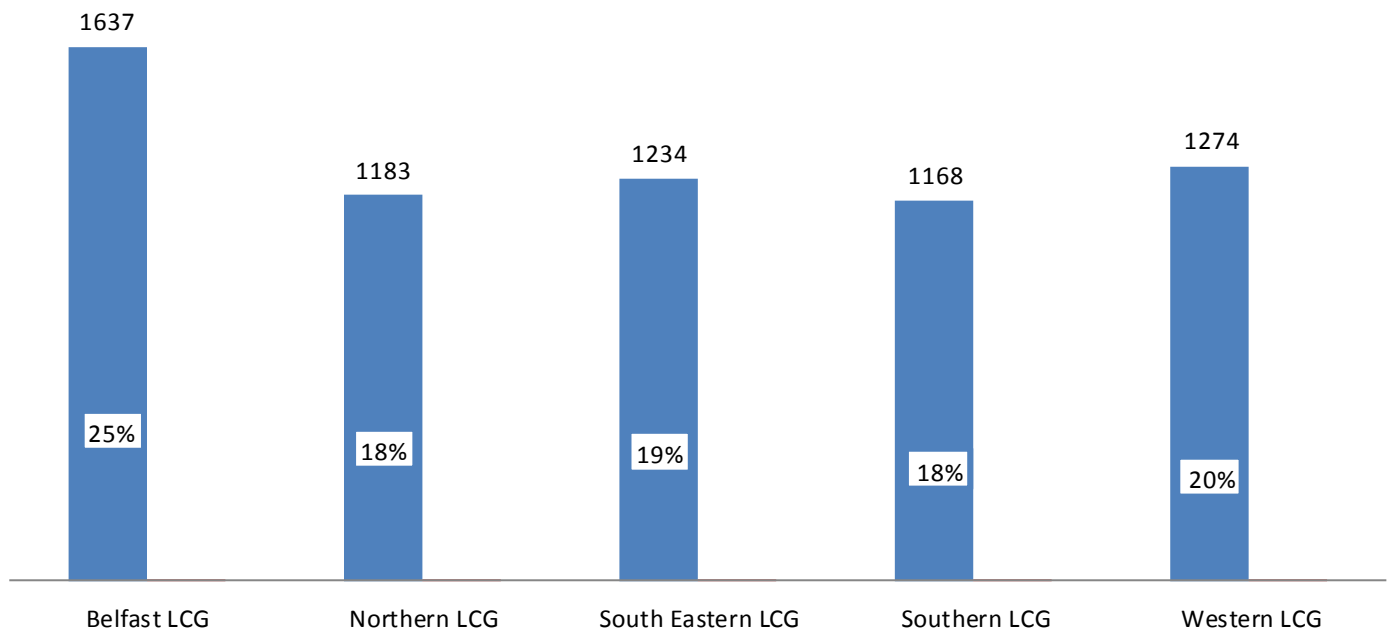
As of the end of April 2017, 6496 patients have accessed Level I LES (IOP Repeat Measures) in primary care optometry practices. Following provision of IOP Repeat Measures 4,466 of these patients did not require referral in line with Joint College Guidance for OHT referral (Age & IOP Criteria applied).

Level I LES - IOP Repeat Measures: Clinical Outcomes



December  
2013–April 2017  
n= 6496

Level I LES Activity per LCG region (n-6494)



# LES Activity / Audit

During 2015/16 the Health and Social Care Board engaged with the profession to survey all Level I LES accredited optometrists to ascertain the appetite within the profession for further education and training. Following this survey and taking into consideration the feedback and numbers of responses the HSCB secured funding for 2016/17 to assist and part-fund those optometrists who had expressed interest in undertaking the Professional Certificate in Glaucoma qualification.

Level II LES was introduced in summer 2017 initially with a small group of Optometrists who had previously obtained the Professional Certificate in Glaucoma qualification. During late 2016 and early 2017 a significant number of optometrists successfully completed the Professional Certificate in Glaucoma qualification and attended Level II LES sign up and information sessions for Level II LES provision.

As of May 2017, 85 primary care optometrists have signed up for Level II LES provision. It is anticipated that Level II LES activity will increase over the incoming months and as the service embeds, intra-professional referral (between optometrists in one practice) and inter-professional referral (between optometrists in different practices) will also become more commonplace.

In line with the reform agenda and the need to increase capacity and capability, the aspiration is to create a network of primary care optometrists who will be engaged with each other and support each other in the provision of clinical care. The need to enhance care in the community applies to many health care disciplines and in this instance it applies to the Ophthalmic services and the Glaucoma care pathway, with the drive to provide accessible, safe and effective care for patients who are suspected to have Ocular Hypertension or Glaucoma.



**CONNECTED  
PROFESSIONALS**

# Future Developments in the Glaucoma Care Pathway.....Next Steps

In many of the recent issues of the HSCB Optometry Practice Newsletter you have been kept informed about the Optometry/Ophthalmology ECHO<sup>®</sup> Project. Since November 2015 the Health and Social Care Board have been working with primary care optometrists and secondary care clinicians to develop and build the Glaucoma & Macular ECHO<sup>®</sup> Knowledge Network



ECHO<sup>®</sup> for Optometry/Ophthalmology has democratised and de-monopolised medical knowledge by allowing primary care optometrists a safe space to improve their knowledge base which in turn will help them to better manage patients who present with suspect glaucoma or macular eye disease. Through monthly sessions of education and case-sharing, ECHO<sup>®</sup> has enhanced their knowledge which has in turn supported their clinical diagnostic skills.

The Health and Social Care Board are currently working with secondary care clinicians and the Optometrists in the Glaucoma & Macular ECHO<sup>®</sup> Knowledge Network to develop and implement a service to review and monitor patients with Ocular Hypertension (OHT). This service will be supported by appropriate governance and audit arrangements and will benefit from the support and educational governance of Project ECHO<sup>®</sup> Northern Ireland.

Over the incoming months plans will be put in place to provide a service for patients who would normally attend the Hospital Eye Service Clinic for their OHT review appointments, to have their review undertaken by one of the Optometrists from the Glaucoma & Macular ECHO<sup>®</sup> Knowledge Network. This service is exclusively an OHT review and monitoring service; patients will still access their routine eye care from their usual primary care optometrist and HSCB will keep primary care contractors informed of this new development.

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