

GLAUCOMA PATHWAY: SERVICE UPDATE

This update provides you with important information from the Health and Social Care Board and Health and Social Care Trust (HSCT) Glaucoma Services (regionally). It is important that all Contractors share this information with Optometrists working in practice (full-time, part-time or locum) and apply the advice and guidance within.

As the work to resume and rebuild services continues the HSCB and Glaucoma Service would like to thank you for your continued care for patients and your support in integration and optimisation of care and the services provided for patients with suspect and diagnosed Glaucoma and OHT. It is more important than ever that care is patient-centred and that information and communication between primary and secondary care is supported.

PROVIDING ENHANCED SERVICES: A REMINDER

All Optometrists who are providing the Glaucoma care pathway enhanced services are reminded of the need to check if the patient has previously been referred to the Glaucoma Service for suspect OHT or suspect glaucoma **BEFORE** undertaking Level I or Level II enhanced service. Optometrists should **not** provide Level I or Level II enhanced service if a patient has been previously referred and is currently either awaiting an appointment, or already in the care of the HES.

Optometrists should use all possible avenues to check for previous investigation/referral for suspect OHT/suspect glaucoma, these sources of information may include but not exclusively:

- Detailed review of the patient clinical record and all associated documentation including previous referrals (paper or electronic via CCG)
- Questioning of the patient (vital if new to the practice) in respect of hospital eye clinic appointments/attendances
- Review of the patient's NIECR where previous and ongoing care in the Hospital Eye service will be recorded
- Feedback (with consent) from family members/carers

Glaucoma Care Pathway Enhanced Services should NOT be provided in the following instances:

1. Where the patient has already been referred to the HES for suspect glaucoma/suspect OHT – irrespective of who has previously seen the patient (**all Optometry CCG referrals are visible in NIECR**)
2. Where a patient is currently attending the glaucoma service (HES) for their care/treatment (**information visible in NIECR**)
3. Where a patient is attending *an identified community optometrist* for their OHT Review & Monitoring i.e. the new OHT service - these patients should not be provided with Level I or Level II service by another optometrist (**visible in NIECR**) . These patients **can and should** access their usual GOS or private eye care with their regular/own optometrist

**** Please note that Enhanced Services are separate to an individual request(s) for IOP check which may be made by the glaucoma service in any one HSCT. Advice on these specific requests for IOP checks and the process for claiming for an 'IOP check requested by a HSCT' is noted in [MOS/333](#) (page 5, [click here to read MOS/333](#)). If you have any queries about Enhanced Services or claiming processes please contact ophthalmic.services@hscni.net**

*** REMINDER* - REFERRALS TO THE GLAUCOMA SERVICE (All HSCTs)**

All Optometrists who are generating a referral to the glaucoma service for suspect glaucoma **MUST attach** a copy of the patient's visual fields, **and**, where they have been taken, the picture of the optic disc images. This requirement is irrespective if the referral is being sent directly via CCG (preferred option) or via the GP.

NOTE: For referrals that are not being sent via CCG and you are asking the GP to generate a referral, because **all supporting information** must be sent with the referral, you will need to ensure that you make it clear to the GP that the GP must attach your referral plus the supporting scans with the CCG referral he/she is creating on your behalf. Please be aware that increasingly GP practices will question why you are not referring your patient yourself.

[NICE Guideline 81](#) (Glaucoma: diagnosis and management) makes approved recommendations in respect of the tests which **must** be undertaken in the investigation and subsequent diagnosis and management of glaucoma. Optometrists have been reminded of these requirements previously, and are once again asked to ensure that they comply with NG81 in respect of case finding and referral for suspect glaucoma (and OHT) – see relevant extract from NG81 noted below:

“1.1 Case-finding - The recommendations on case-finding are for primary eye care professionals before referral for diagnosis of chronic open angle glaucoma (COAG) and related conditions, and are separate from a sight test.

1.1.1 Before referral for further investigation and diagnosis of COAG and related conditions, **offer all of the following tests:**

- central visual field assessment using standard automated perimetry (full threshold or supra-threshold)
- optic nerve assessment and fundus examination using stereoscopic slit lamp biomicroscopy (with pupil dilatation if necessary), and optical coherence tomography (OCT) or optic nerve head image if available
- intraocular pressure (IOP) measurement using **Goldmann-type applanation tonometry**
- peripheral anterior chamber configuration and depth assessments using gonioscopy or, if not available or the patient prefers, the van Herick test or OCT. [2017]

1.1.2 Do not base a decision to refer solely on IOP measurement using non-contact tonometry. [2017]

1.1.3 Do not refer people who have previously been discharged from hospital eye services after assessment for COAG and related conditions unless clinical circumstances have changed and a new referral is needed. [2017]

1.1.4 Before deciding to refer, consider repeating visual field assessment and IOP measurement on another occasion to confirm a visual field defect or IOP of 24 mmHg or more, unless clinical circumstances indicate urgent or emergency referral is needed. [2017]

1.1.5 Refer for further investigation and diagnosis of COAG and related conditions, after considering repeat measures as in recommendation 1.1.4, if:

- there is optic nerve head damage on stereoscopic slit lamp biomicroscopy or
- there is a visual field defect consistent with glaucoma or
- IOP is 24 mmHg or more using Goldmann-type applanation tonometry

[2017]

1.1.6 Provide results of all examinations and tests with the referral. [2017]

1.1.7 Advise people with IOP below 24 mmHg to continue regular visits to their primary eye care professional. [2017]

A recent snap shot audit of referrals generated in February 2020 to the Glaucoma Service in BHSC demonstrated that less than one-third contained the necessary information, making it impossible to grade the referral when the information is not attached. **The glaucoma service will return any incomplete referrals** to the referring practice, i.e. referrals without the necessary clinical information and supporting clinical outputs (visual fields and, where taken, disc images). Should this happen, an optometrist will be required to re-submit a new referral with the necessary clinical information, visual field scanned images and where available disc images.

A NEW 'eFORM': REQUESTS FROM GLAUCOMA CLINIC HSCTs FOR IOP CLINICAL INFORMATION/OUTCOMES

Optometry contractors may occasionally be requested by the Glaucoma Clinic to undertake an IOP check for a patient who attends the glaucoma service. In addition where a glaucoma patient who has attended your practice for their 'regular/routine' eye examination AND whose glaucoma clinic appointment is delayed, it would be helpful for you to advise the glaucoma service if the IOP value found during your eye examination was significantly changed since their last visit to you or, as noted in the patient's last clinic letter in NIECR.

In order to cater for these **two specific clinical scenarios** and accommodate the simple and secure transfer of this clinical information to the Glaucoma Service about a patient's IOP, a new online reporting form has been created.

This method of transfer of information will be trialled by **Belfast HSCT Glaucoma Service** for a period and, if successful, will be retained. The online feedback/reporting form is hosted on the secure FPS Optometry portal home page and should take just 1-2 minutes to complete and submit. Please click on the Portal icon (*demonstrated below*) link titled “**Optometry eForms**” and this will open the page which hosts several Optometry eForms. Please select the reporting form for the BHSCT Glaucoma Service (and their specific outreach clinics which the patient attends).



**** THIS eFORM IS NOT A GLAUCOMA or OHT REFERRAL FORM AND IT MUST NOT BE USED TO GENERATE A REFERRAL UNDER ANY CIRCUMSTANCES. REFERRALS MUST BE SENT VIA THE CURRENT AND USUAL ROUTE.**

In the first instance this form is being piloted for use by the Belfast HSCT Glaucoma Service for reporting of IOP information for patients who attend one of the following Glaucoma clinics – Shankill, Banbridge (or interim SHSCT clinic location) and Ballymena. Please do not use this specific form for patients who attend a Western HSCT or one of their outreach clinics.

Please note that the form will transfer information to the **BHSCT (+ outreach) Glaucoma Service ONLY** and will only be receipted by the Glaucoma Service for their patients. It is **NOT** therefore suitable and should not be used for:

- Relaying information on IOP results for other hospital eye services (e.g. emergency eye clinic, macular service). Feedback of information on IOP results requested from these other services should be made directly, as advised by the particular service. If in doubt contact an adviser.
- Providing information following a sight test if the patient has already attended their glaucoma clinic appointment or if the IOP value is unchanged/not significantly higher than their last visit. You will know the status of a patient’s attendance at glaucoma clinic either directly from the patient and/or the patient’s NIECR.

Should the pilot be deemed successful HSCB will investigate the need for its use for other hospital eyecare services (*e.g. HES paediatric refraction requests*). HSCB will keep all contractors apprised of the outcomes of this pilot.

HSCB would therefore be grateful if you could please adopt the use of this form to:

- Feedback IOP information which the HSCT has requested or
- Feedback IOP information in the instance where your glaucoma patient is overdue their HES review and it would be helpful for the HSCTs to know the patient’s IOP if it is significantly changed since their last visit to you, or as noted in the patient’s NIECR.

Quick Summary: Use of the online Reporting Form – Belfast HSCT Glaucoma Service + their Outreach clinics/service

Scenario	Use eForm
BHSCT Glaucoma Service (+ outreach) Request for an IOP check – returning info	✓ YES
BHSCT Glaucoma patient overdue Glaucoma clinic – to feedback IOP result if high/significant change noted	✓ YES
Patient who attended other HES clinic e.g. eye casualty/macular	X NO
Glaucoma or OHT referral	X NO
Patients who have attended their Glaucoma clinic (noted from NIECR or the patient)	X NO

For Queries please contact: ophthalmic.services@hscni.net

CONGRATULATIONS: Award for the OHT Review & Monitoring Service

The Health and Social Care Board offer their congratulations to the Glaucoma Service in the Belfast Health and Social Care Trust on their recent award of the Ophthalmology Clinical Director Medal for Quality Improvement (QI) 2020.

The service aims to create capacity for timely management of patients with sight threatening glaucoma, through the safe discharge of patients with stable ocular hypertension (OHT) to a primary care optometry- led enhanced service.

The service is supported remotely through a facility for “advice request/support” via a dedicated CCG pathway for the service and through regular Glaucoma Network ECHO[®] sessions. A brief video about the service and the work of Project ECHO[®] can be viewed at the following link:

<http://www.hscboard.hscni.net/transforming-eye-care-in-the-community/>

Congratulations and thanks are extended to the primary care Optometrists involved in this service – their commitment and enthusiasm for the new service and to Project ECHO[®] has been unwavering.

Primary Care Optometry: Access to eReferral and the Optometry-View NIECR

All Optometrists are asked to adopt the use of eReferral and NIECR in their daily clinical practice. By using these applications your work is more integrated and your clinical care and decision making is better informed.

- **eReferral via the Clinical Communications Gateway (CCG)**

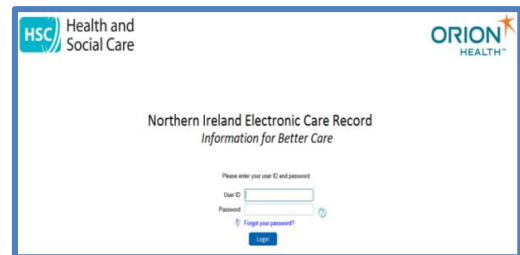
Optometrists in primary care who are still using paper referrals are encouraged to implement the use of eReferral as soon as possible. All contractor practices that have access to the FPS Optometry Portal for the submission of their GOS claims can avail of eReferral. As of July 2020, ***90% of Optometry practices have been enabled to use eReferral*** – all Optometrists in practices that have been enabled to date should ensure that they have access to a CCG account to enable referrals + supporting documents to be sent electronically to secondary care.

If you are having difficulties uploading / attaching the required visual field plots (and any images/scans where available), please contact ophthalmic.services@hscni.net as soon as possible.

Please contact ophthalmic.services@hscni.net if you do not have access currently and wish to begin using eReferral.

▪ **The ‘Optometry-View’ Northern Ireland Electronic Care Record (NIECR)**

Access to the NIECR for Optometrists was implemented in October 2018 and, to date, 348 Optometrists have been provided with their individual NIECR account. In using the NIECR in their clinical practice, Optometrists have access to important and relevant information on their patient’s medications, their attendance at eye clinics and diabetic eye screening reports. The latter is a new development and applies for patients who have attended screening after December 2019. In the incoming months an additional ‘tab’ will be visible in the NIECR which displays chronological history of a patient’s “encounters” with the hospital eye services. Included in this development is access to information on Belfast HSCT eye casualty attendance and some general information from the ‘community’ information systems which orthoptic services use. Information on this development will be sent to all contractor practices in due course. Optometrists can access a patient’s NIECR for the purposes of clinic and examination preparation. Please read the guidance and information on the Optometry-View NIECR, hosted at the following link: <http://www.hscbusiness.hscni.net/services/2974.htm>



Gavin Corrigan, Optometrist in Cookstown has found that access to NIECR has benefited him in his clinical practice. [Orion Health](https://orionhealth.com/uk/knowledge-hub/videos/?pg=0) are proud to have been involved in this “first” for Optometry services in Northern Ireland and you can listen to the feedback from Gavin, Nick Willox from Orion Health, Stephen Beattie, BSO IT Services, and Margaret McMullan, HSCB about NIECR access for Optometrists at the following link: <https://orionhealth.com/uk/knowledge-hub/videos/?pg=0> (hosted on pages 1& 2, videos dated - 24th July 2019)



Gavin Corrigan, Optometrist (left) with Stephen Beattie, BSO ITS (centre) and Nick Willox from Orion Health (right)

Gavin kindly participated in awareness-raising of the Optometry NIECR in the video and you can hear Gavin speak about his experience of using the NIECR in [this link](#) or, click on the image opposite.

