



Glaucoma Service Update

Colleagues,

Glaucoma as a long term condition continues to place many demands on eyecare services and as a result commissioners, clinicians and the voluntary sector must work together to deliver high value care for patients. The long term goal of a reduction in sight loss must be supported by commissioning of a quality, accessible service which is underpinned by quality standards and utilises a multi-professional skill mix, optimal treatment methodologies and clinical management proportionate to risk and seamless/integrated communication for all involved in the patient's care. Partnership working to develop and embed such a service will reap rewards in terms of patient outcomes and experience.

As a primary care optometrist you have an important part to play in the care pathway for your patients who require access to glaucoma services. In acknowledgement of this vital role it is important that you are provided with information and feedback to enable you to provide safe and effective care for your patients. Armed with this information you will be in a position to deliver quality clinical care within the glaucoma care pathway.

The purpose of this update is to provide you with information in relation to the glaucoma service redesign which has taken place over the past two to three years, provide an outline of future developments within the service and to advise you of the outcomes of early audit of aspects of the glaucoma service.

Best Wishes

Mr Raymond Curran, Head of Ophthalmic Services HSCB



- ◆ Optometry Local Enhanced Service (LES)
- ◆ Feedback from audit and a reminder of Joint College Guidance
- ◆ Referral protocols to Glaucoma service
- ◆ The role of Eye Care Liaison Officers (ECLO) Service in the Shankill Wellbeing and Treatment Centre.
- ◆ Revised referral forms and electronic referral update
- ◆ Next steps for the service
- ◆ Visit of the Permanent Secretary DHSSPS to the Shankill Wellbeing and Treatment Centre
- ◆ ...and meet the staff

Glaucoma Service

Drivers for Change

DEVELOPING EYE CARE PARTNERSHIPS



In recognition of the increasing demands and pressures placed on glaucoma services as a result of the implementation of NICE Clinical Guideline 85 (CG85), over the period 2010-2012/3, the Health and Social Care Board conducted ongoing and detailed engagement with Belfast Local Commissioning Group and other key stakeholders to commission a redesign of glaucoma services. The redesign of the service is supported within the overarching policy of Developing Eyecare Partnerships (DEP) which was launched in October 2012 by the Minister for Health of the Northern Ireland Legislative Assembly. DEP is the framework under which the Health and Social Care Board and the Public Health Agency are tasked to commission and deliver integrated, quality eyecare services which will optimise patient outcomes and experience. Objective Six of DEP relates to the development of care pathways for long term eye conditions including glaucoma.

The service redesign adopted a two-prong approach to addressing the demand and capacity issues for glaucoma service provision—primary care and secondary care components which would, in time, be linked by appropriate organisational structures and communication mechanisms.

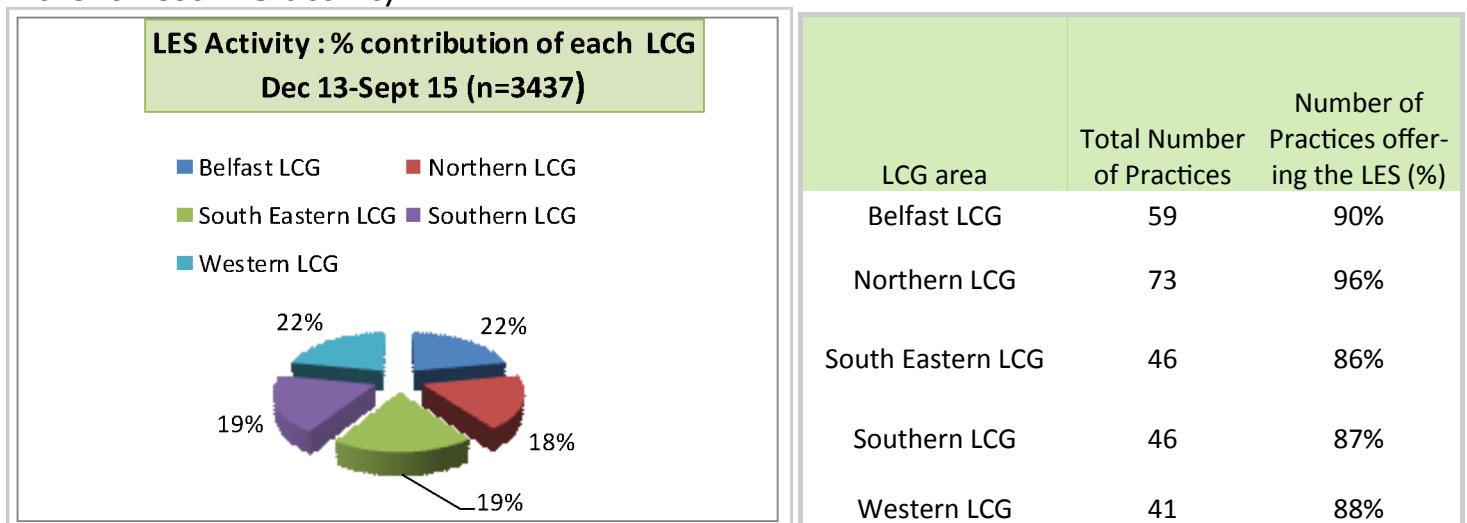
Optometry Local Enhanced Service — Intra Ocular Pressure Repeat Measures LES

The first Optometry Local Enhanced Service began in December 2013 following the training and accreditation of over 250 optometrists across all LCG areas. The Health and Social Care Board commissioned a training and assessment programme for optometrists from the University of Ulster. To date, following further assessment sessions at the University of Ulster, 361 optometrists have been accredited for LES provision.

In the first twenty one months of LES provision 3,437 individual patient episodes were provided across all five LCGs. More detailed analysis of LES provision is provided on page 3. All optometrists providing the LES do so according to the specification of the LES agreement which details the clinical, governance and financial arrangements for the LES. For those patients who have IOPs following repeat measurement (using applanation tonometry) which are greater than the levels stated in the Joint College Guidance (see page 5), referral is undertaken using the dedicated [OHT1](#) referral form. This enables secondary care to triage and stratify the referral for patients who are suspected of having Ocular Hypertension.

LES Activity – analysis and audit

Analysis of LES activity is undertaken on a monthly basis by the HSCB and the following chart provides detail on the high level analysis of LES activity by LCG region and the % of all optometry practices in each LCG who have one or more LES accredited optometrist. It is interesting to note that despite having the highest percentage of practices with a LES accredited optometrists, the Northern LCG has the lowest LES activity.



Since the introduction of the LES, analysis of the outcome of service provision has shown that 65% of patients (2,237) were 'not referred' following repeated IOP measurement. This reduction in false positives has greatly assisted in managing the demand within secondary care glaucoma services. If your Optometry practice has a LES accredited optometrist you are encourage to provide the LES when indicated and further assist in reducing false positive referrals.

In the following pages you are provided with information on specific elements of the audit of those who were 'referred as suspect OHT' and suspect 'glaucoma' to the Shankill Wellbeing and Treatment Centre (Belfast LCG). This early audit has been a valuable piece of work, providing evidence for advice and feedback in relation to current service provision and also for future service planning and development.

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Remember LES claims forms are hosted on the BSO website and will also be available on OCS in the incoming weeks. BSO will issue the relevant information on how to submit a LES claim on OCS and OCS patient record forms (OCSPR-LES) in the incoming weeks

If you are NOT currently LES accredited and wish to be accredited please contact one of the HSCB Optometric Advisers who will advise you of the training and next assessments for LES provision due to be held on the afternoon of **Friday 20th November 2015**.

Audit of referrals to the BHSCT Glaucoma Service

A recent analysis of 134 'new patient' referrals to the Glaucoma Service in the Shankill Wellbeing and Treatment Centre during a 3 week period in March 2015 looked at various elements of the referrals including;

- ◆ Origin of referral (Optom/GP/Consultant/RAES Macular Service)
- ◆ Was it an OHT1 referral (IOP repeat measures)
- ◆ Was it a GOS 18 referral (no repeat measures)
- ◆ Was the referral complete
- ◆ The outcome of the referral



Initial findings of the analysis revealed that there are still a significant number of false positives with 36% of patients referred on a OHT1 referral being discharged after one visit to the glaucoma service. 35% of G1 referrals were also discharged after one visit to the clinic. These findings are important and further analysis will be undertaken to determine how we can further reduce the levels of false positives for suspect OHT. Further information in relation to future development is noted later in this update.

In addition to the above analysis a review of 45 patients over 65yrs who were referred as suspect OHT (OHT1 referral following refinement) evidenced the following:

- ◆ Some patients were referred for suspect OHT when **disc changes were present. In some of these cases extensive cupping of the disc was noted and these patients were clearly not OHT suspects but rather GLAUCOMA suspects.**
- ◆ 21 referrals were not in keeping with the [Joint College Guidance](#) for referral
- ◆ Discrepancies existed between referral IOP and clinic IOP — 5/7 IOPs were under read and 4 of these were GAT. Could this be diurnal variation, testing method or an inaccurate/non-calibrated applanation tonometer?

The above high-level findings re-iterate the importance of:

1. Close examination of the disc (and the checking of visual fields) —if disc appearance is suspicious consistent with glaucoma then a G1 referral should be undertaken for suspect glaucoma. Repeat Measures should NOT be undertaken when glaucoma is suspected in line with the LES (service specification)
2. Ensuring you bear in mind and apply Joint College guidance on IOP and age
3. Ensuring that your applanation tonometer is calibrated to minimise discrepancies

REMINDER : Joint College Guidance on Referral for Suspect OHT

- ◆ 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 >25mmHg and with otherwise normal ocular examinations (normal discs, fields and Van Herick)
- ◆ Patients aged 80 years and over with measured IOPs >26mmHg with otherwise normal ocular examinations (normal discs, fields and Van Herick)

Eye Care Liaison Officers (ECLO) and their role in the Glaucoma Service

Eye Care Liaison Officers (ECLOs) are now established as part of the multidisciplinary team working within the Glaucoma Service in the Shankill Wellbeing and Treatment Centre, providing valuable support and advice to patients.

All newly diagnosed patients are referred to the ECLO for information and support. This involves discussing their understanding of their diagnosis and the importance of adherence to treatments. Drop technique is assessed and various techniques demonstrated, with the supply of drop aids if necessary. ECLOs spend time with patients discussing any concerns they may have and regularly undertake follow up patients with phone calls to check they are managing their treatment regime and adherence to their prescribed drop therapy etc...

ECLOs also speak with patients who have had Glaucoma for some years but who may:

- ◆ Have limited understanding of their diagnosis and are not taking their drops as prescribed
- ◆ Have difficulty instilling their drops or,
- ◆ Want to discuss any issues relating to their condition

If an ECLO is not able to answer a patient's questions he/she will liaise with the clinicians in order to ensure the patient receives all necessary information.

ECLOs also support people with sight loss, ensuring they are receiving services both emotional and practical to enable them to function to the best of their ability. This involves referral to both statutory and voluntary organisations. They assist clinicians with the registration process helping to speed this up.

To support all of the above, ECLOs give their contact details to the patients in order that they have a point of contact if necessary.

The ECLOs in the Shankill work on a rotational basis and their names are; Diane Hudson, Eimear Barbour Mulholland, Lorainne McCadden and Adrienne Hull.

Feedback on referrals.....

A recent audit of 35 referrals into the glaucoma service for patients who had suspected visual field loss has highlighted the following findings and outcomes which are worthy of note. The findings demonstrate the importance of robust visual field testing , analysis of visual field plots and the need to ensure that if visual fields are the only referable clinical finding, that a referral is made only when a **repeatable visual field** defect is identified.

- ◆ 32 of the 35 patients were discharged following repeat visual field testing in the HES with no visual field defect consistent with glaucomatous change

The following link contains useful information in relation interpretation of visual field plots (Humphrey) You are encourage to review this and watch the educational videos:

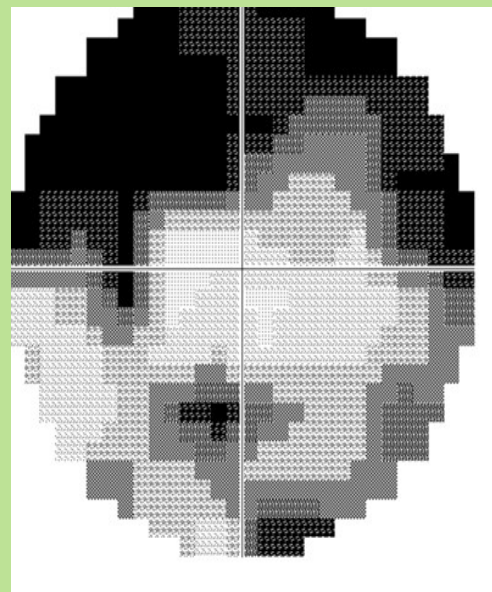
<http://www.meduweb.com/threads/23705-How-to-read-Humphrey-s-visual-field-report-videos> ([click here](#)).

The audit also sought feedback from patients in relation to their experience of visual field testing at the Optometry practice. Comments from patients in relation to test interruption and the environment being too 'busy to allow concentration' emphasise the importance of undertaking this important clinical and visual function test in a private and quiet space within your practice.

You are reminded that the 'ownership' of clinical findings on which an optometrist bases a referral of his/her patient sits with the optometrist. If visual field testing prior to a sight test has been undertaken by an optical assistant and a visual field defect is noted then this should be repeated by the Optometrist . Pre-screening is not part of a sight test and if abnormalities or anomalies are noted at this point they must be fully investigated by the clinician.

****Please ensure that visual field testing is conducted in an appropriately private and quiet location which is conducive to allowing the patient the complete the test to the best of his/her ability. This will ensure that false positive findings of visual field loss are NOT attributed to external factors within the practice ****

REFERRALS FOR SUSPECT VISUAL FIELDS....



THE IMPORTANCE OF GETTING THE BEST RESULTS POSSIBLE

PLEASE NOTE

Referral Considerations and Protocols

PLEASE DO.....

- ◆ If you are a practice based in the Belfast LCG area please send ALL your suspect [Glaucoma \(G1\)](#) and suspect Ocular Hypertension referrals to the Shankill Wellbeing and Treatment Centre. The latter includes those where the LES has been provided and the referral is refined ([OHT1](#)) and those where the referral was not refined ([GOS18](#)).
- ◆ For all other LCG areas please continue to send your [G1](#), [OHT1](#) (repeat measures refinement) and [GOS18](#) (non-refined) referrals to the GP in the first instance requesting referral to ophthalmology.

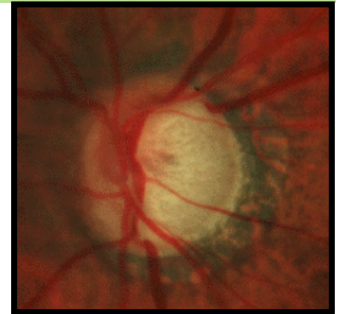
PLEASE NOTE THAT WHEN eREFERRAL BECOMES AVAILABLE TO OPTOMETRISTS (2016/17) YOU WILL HAVE A DIRECT MECHANISM TO REFER YOUR PATIENTS TO OPHTHALMOLOGY.

- ◆ When presented with a patient who you suspect of having Ocular Hypertension (OHT) please **ask your patient if they have previously attended the Hospital Eye Service (HES) or Glaucoma Clinic and the approximate time period they attended**. This is important as it may inform your decision as to whether to refer the patient again or not. If the patient has been previously discharged from the HES following assessment for OHT and the IOPs are not raised from previously recorded levels (if known) you may wish to liaise with the patient's GP or HES clinicians to review the previous discharge advice before deciding on referral. If your patient has attended the HES previously and you determine a referrals is required then please ANNOTATE your referral with the fact that the patient had previously attended the HES and the approximate time period. This will enable the consultant who is triaging the referrals to check the previous HES activity and notes at the time of triage.
- ◆ Please ensure that when making a referral for **suspect OHT** that you have:
 - ⇒ **RULED OUT** the possibility of glaucoma—take into account all clinical findings including visual fields (repeatable defects), disc appearance and IOP
 - ⇒ **TAKEN INTO ACCOUNT** the [Joint College Guidance](#) in relation to IOP values and age of your patient noted on page 5 of this update ([click here](#)).
 - ⇒ **USED THE APPROPRIATE REFERRAL FORM** with all relevant clinical and demographic details annotated . **Please ENSURE that you always note the Health and Care Number** of the patient. Your referral may be delayed if the HCN is not annotated. Also ensure that you complete the optometrist details on the referral to permit feedback from the clinic.

Referrals to the Service – revised forms and eReferral

PLEASE NOTE.....

The [G1 and OHT1 referral forms](#) have been revised and updated to take into account the information which will be incorporated into the new eReferral templates for glaucoma and ocular hypertension, the new templates are available on the BSO website in writeable PDF format. You are encouraged to use these referral templates to improve legibility of your referral and in addition the hand written form does not scan well on the GP referral system (**C**linical **C**ommunications **G**ateway, CCG). If you currently use the triplicate referral pad please continue to use the remaining supplies in your practice. When your supply is depleted please use the revised forms hosted on the BSO website at the following link: <http://www.hscbusiness.hscni.net/services/2485.htm> ([click here](#))



As advised in recent issues of the HSCB Optometry Practice Newsletter, plans are progressing within HSCB to deliver eReferral for practices using the OCS for electronic GOS claims. The connectivity to the HSC network which OCS affords will enable practices to adopt eReferral. This will provide many benefits for optometrists:

- ◆ Direct referral to secondary care
- ◆ Ability to attach copies of additional test findings e.g. fundus photographs, scans, visual field plots etc...
- ◆ An audit trail allowing the referring optometrist to see when a referral has been received
- ◆ A mechanism for a referral to be 'notified' to the GP
- ◆ A mechanism (in time) for feedback or discharge information to be sent electronically to the referring Optometry practice/optometrist via CCG
- ◆ There will be an option of 'refer for advice'. This will mean that if you have a query about a patient whom you are unsure about whether to refer or not, that query can be submitted to Ophthalmology for consideration with any supporting documentation e.g. fundus photographs
- ◆ Secure and immediate transfer of patient information

Be assured that you will be kept informed of progress on eReferral.

Future Developments in the Glaucoma Care Pathway

As part of the work of Developing Eyecare Partnerships (DEP) TG2 were group tasked to examine and plan for the care pathways for long term eye conditions. Early wins in the development of the Glaucoma Service have been:

- * The introduction of the Local Enhanced Service (LES) within primary care Optometry
- * The appointment of additional optometrists increasing capacity in the BSHCT Glaucoma service
- * The development of the one-stop-clinic approach within the BSCHT supported by IT and infrastructural development
- * The use of multi-disciplinary skills mix in the delivery of care

However these were the **FIRST STEPS**, the **NEXT STEPS** which HSCB hope to take are.....

- * Following the recent survey by HSCB in relation to the interest from LES accredited optometrists in further training and development an analysis of the feedback will be undertaken. This information will be used in the planning of developments aligned to the agreed DEP milestones for the DEP Glaucoma pathway. Consideration will also be given to the DRAFT consultation from the Royal College of Ophthalmologists on commissioning glaucoma services and the feedback from the audits within the glaucoma service as to what would add value in relation to further refinement of referrals. The survey closed on 4th September 2015 and thank you to those practitioners who replied, you have been contacted in recent weeks to outline the next steps and will be kept informed of the plans for service development.
- * Development of a knowledge network between primary care Optometry and secondary care using **Project ECHO**. This is an educational programme which facilitates the dissemination of knowledge and learning between 'specialists' and 'generalists' and the first Optometry/Ophthalmology Project ECHO will commence in mid-November with Glaucoma being one of the ophthalmic condition selected for the first ECHO. Several optometrists in primary care have volunteered to participate in this project with the aims of sharing knowledge and building of relationships and trust between clinicians.

MEET SOME OF THE TEAM @ BHSCT GLAUCOMA SERVICE

Dr Angela Knox, (clinical lead) , Mr Simon Rankin (Consultant) and Dr Augusto Azuara-Blanco (Consultant) with some of their multidisciplinary team at the Shankill Wellbeing and Treatment Centre.



The Glaucoma service in the Belfast Health and Social Care Trust, led by Dr Angela Knox, has recently won the inaugural Patient Safety Forum award for teamwork and has also been shortlisted as a finalist for the upcoming prestigious Health Service Journal Awards (HSJ). The Health and Social Care Board wish Dr Knox every success and congratulate her and the team in the Shankill for reaching the finals of these national awards.

During National Eye Health Week 2015, Mr Richard Pengelly, the Permanent Secretary at the Department of Health Social Services and Public Safety visited the Glaucoma service at the Shankill Wellbeing and Treatment Centre. Mr Pengelly saw at first hand the first class facilities available to patients who attend the Glaucoma service and heard from representatives of the Health and Social Care Board (HSCB) and Belfast Health and Social Care Trust (BHSCT) about the redesign of the service and how patients are benefitting from the investment in the one stop approach adopted by the service.

Mr Pengelly met and spoke with a patient of the service who advised of his great satisfaction with his care and treatment at the Shankill. Special thanks and praise was given to Dr Angela Knox, Glaucoma service clinical lead in the BHSCT for her leadership, work and dedication to the development of the multidisciplinary team of professionals who deliver care. Dr Knox is pictured opposite with Mr Pengelly, some of the staff of the Glaucoma clinic and representative of the HSCB, Belfast LCG and BHSCT.



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