
Glaucoma Repeat Readings (GRR) Pathway & Protocols



Service Provided by:



Outline Description

The service assists the Hospital Eye Service in the deflection of unnecessary secondary care referrals for glaucoma related conditions. The Glaucoma Repeat Readings pathway will reduce patient anxiety and increasing capacity issues within the overburdened hospital glaucoma clinics.

It eliminates the requirement for a visit to the GP and also provides a comparable service for people who are unable to leave their home unaccompanied but who are able to attend for surgery.

Purpose of Service

The aim of the service is to use the skills of accredited primary care optometrists to repeat diagnostic tests to confirm the risk of disease and thus improve the accuracy of referrals and deflect unnecessary referrals.

This will reduce false positive referrals to the hospital eye service, reducing patient anxiety and increasing capacity within the overburdened hospital glaucoma clinics. This should provide a more cost-effective service with a greater number of patients managed within the primary care setting.

- Provide a rapid access, high quality service to patients
- Ensure equity of service including provision to housebound individuals
- Reduce the number of false positive referrals to secondary care
- Reduce waiting lists
- Improve the quality of referrals
- Support care closer to home
- Provide accurate data about outcomes and patient satisfaction

Description

This Glaucoma Repeat Measures pathway is ONLY for patient with raised intraocular pressures and/or suspect visual fields. Patient with suspect disc changes or multiple signs of glaucoma should not enter this pathway.

IOP: Goldmann style applanation tonometry repeat readings

A first level enhanced service for IOP refinement where other signs of glaucoma are not present (i.e. normal optic discs and angles) 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.

Part 1

Patients who are identified as having IOP 24mmHg or more 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

There are three 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 24 - 31 need to proceed to Part 2 (2nd repeat pressure)
3. All other IOP results are within normal limits and the patient can be discharged to routine sight tests.

At risk groups should be monitored at appropriate intervals.

Part 2

Patient attends for repeat Goldman or Perkins Applanation tonometry on a separate occasion.

There are three possible outcomes from repeating this test:

- All patients with IOP 24mmHg or more would be referred for OHT diagnosis.
- Where repeat applanation measurements show a consistent difference in pressure of 5mmHg 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).
- The results are within normal limits and the patient can be discharged to routine sight tests. At risk groups should be monitored at appropriate intervals (i.e. Family History of Glaucoma).

Visual field repeat readings

Patients who are identified as having suspect visual fields during a GOS or private sight test will have visual fields repeated on a separate occasion assuming the optometrist is contracted to provide the service. This service falls within core competencies for optometrists.

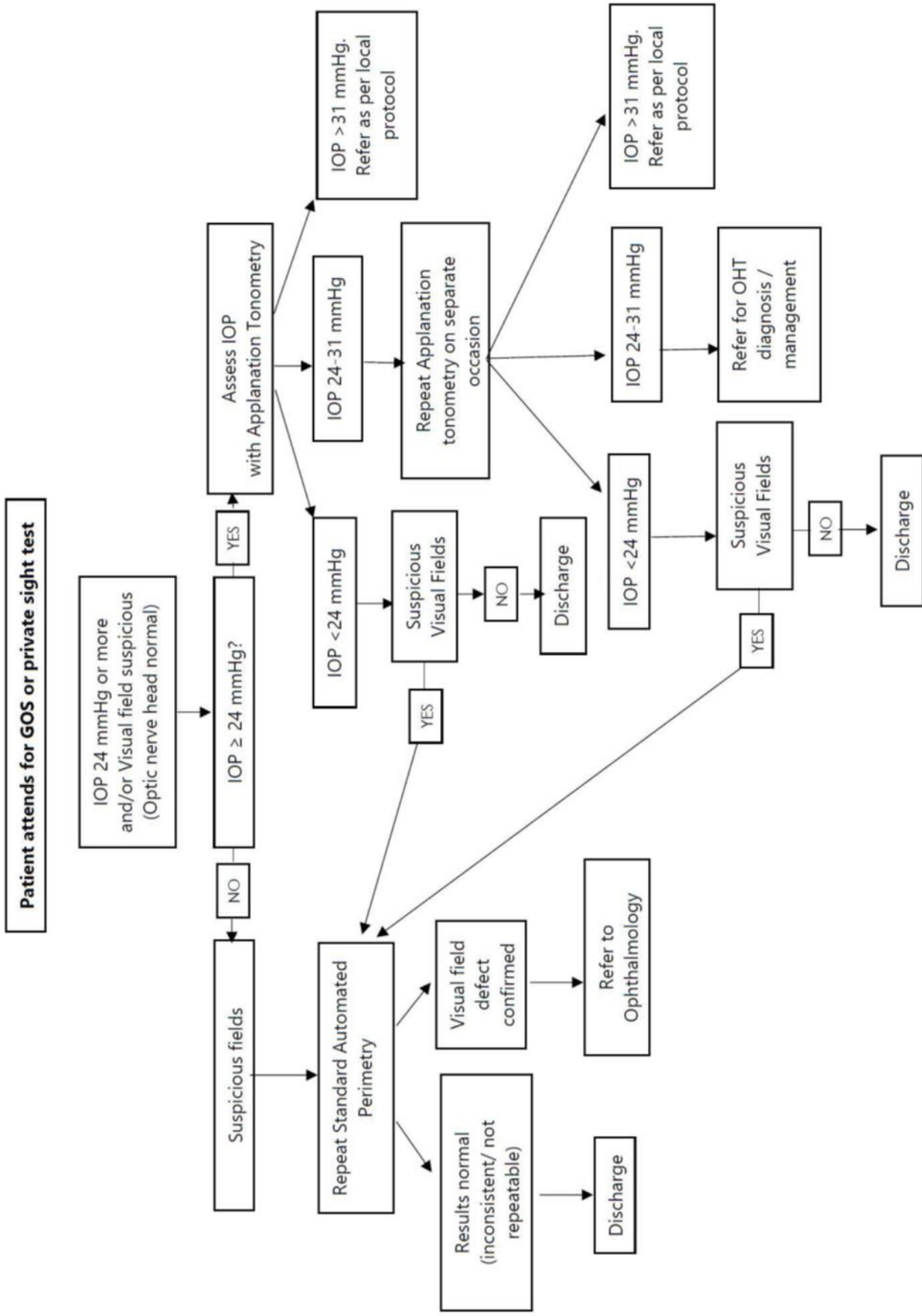
Outcomes

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.

(Where a patient has raised intraocular pressure and a suspicious visual field then the intraocular pressure would be refined in the first instance and if after refinement appears to be normal the visual fields maybe refined. This will ensure that those that need referral after intra ocular pressure refinement do not go ahead and have visual field refinement unnecessarily.)

Glaucoma Repeat Readings Pathway



Equality Monitoring & Patient Experience Feedback

As part of the requirement to monitor this service all providers will be required to provide patients with an Equality & Diversity and Patient Experience Feedback questionnaire and input the results into the IT platform. Note this will be at the end of the pathway after the final repeats.

Equipment

All practices contracted to supply the service will be expected to employ an accredited practitioner and have the following equipment available.

- Access to the Internet
- Means of indirect ophthalmoscopy (Volk/headset indirect ophthalmoscope)
- Slit lamp
- Applanation Tonometer
- Distance test chart (Snellen/logmar) / Near test type
- Threshold fields equipment to produce a printed report
- Appropriate ophthalmic drugs
 - Mydriatic / Anaesthetic / Staining agents

Competencies

All participating practitioners will have the core competencies as defined by the GOC and must meet the accreditation requirements as below.

Participating practitioners must complete the Cardiff University/LOCSU Glaucoma Level 1 Learning modules.

Also, all practitioners partaking in the provision of the service must also completed Safeguarding Level 2 training. For optometrists this is the DOCET Children's and Adult's Safeguarding Certificate.

Participating practitioners will also be expected to keep their knowledge and skills up to date.