Mid Essex GRR- Service Guidelines and Protocols

Commencement Date 01.02.2014

Service description and routes of referral:

- The service provides for the assessment and management of patients who are identified as having an IOP >21 mmHg through a standard GOS eye examination or a private eye examination.
- Patients with any signs of glaucoma (other than IOP >21mmHg or suspicious but not indicative visual fields) should be referred to a consultant ophthalmologist via the Central Referrals Service (CRS).

- You can self-refer if you are an accredited practitioner within accredited practice.
- You can accept a referral from another optometrist in the accredited practice.
- You can accept a referral from an optometrist directly from a non-participating practice.
- You can accept a referral via the Central referral service CRS using a standard referral form.

- Each patient requiring an assessment under the service will be provided with an information leaflet describing the service and including a list of the optometrists participating in the scheme.
- The Provider shall contact the patient to make a mutually convenient appointment.
- The patient should be offered an appointment within 2 weeks of the provider receiving the referral and seen within 4 weeks.
- When an accredited practitioner identifies a patient with an IOP >21mmHg they can offer the patient an appointment for a GRR assessment which includes Goldmann/Perkins Applanation Tonometry.
- The ophthalmic practitioner shall seek written consent from the patient to the assessment. For the purposes of this paragraph, "written consent" shall mean the recording of consent obtained on the patient's Optometric Patient Record.
- The Provider, ophthalmic practitioner or other responsible person shall provide the patient with a paper copy of their Optometric Patient Record Card, if requested. As a minimum this should be in line with the Data Protection Act (1998) fees and timescales.
- The practitioner will have the equipment and capability to carry out the following tests on patients referred to them, particularly those from a non-participating opticians:
  - Intra-ocular pressure measurement (Goldmann/Perkins Applanation Tonometry)
  - Optic Nerve head assessment
  - Anterior chamber angle – Van Herrick
  - Suprathreshold Visual fields measurement
  - Visual Acuity Test Chart
- Where appropriate, the Provider, ophthalmic practitioner or other responsible person shall provide the patient with a written communication of the outcome of the report.
- If urgent onward referral to hospital eye services is required, the ophthalmic practitioner shall advise the relevant hospital eye service by telephone and directly send the standard referral form.
- If there is a difference in IOP of > 5 mmHg between eyes, with no reasonable explanation (e.g. surgery to one eye), then practitioners may also wish to consider making a referral to the HES.
- Attending a participating practice for GRR screening does not prejudice the patient's right to attend their regular optometrist for normal eye examinations and for the supply of spectacles.
- The patient's details should NOT be added to the practice reminder system for the purpose of sending recall letters for regular eye examinations, unless the patient expressly requests it.
- All advice given to the patient, and procedures undertaken should be recorded on a patient card or electronic device, and stored in a safe retrieval system.
- A robust system for recording patient details and outcomes and for communicating with the referring practitioner should be established.
DNA Policy

- Should a patient fail to arrive for an appointment, the provider must contact the patient within 24 working hours, informing them that they have missed their appointment, and ask them to arrange a further appointment.
- Should a patient fail to re-arrange an appointment within 7 working days of contact being made (or fails to attend their re-arranged appointment) then the provider will inform the originating referring optometrist and write to inform the GP and formally discharge to their care.
Glaucoma Referral Refinement (GRR) Pathway

- **Central Referral Service**
  - Diversion of a HES Referral

- **Non-Participating Optician Eye Test**
  - GOS Sight Test / Private Appointment
  - No GAT included

- **GRR Optician Eye Test**
  - GOS Sight Test / Private Appointment
  - Includes first GAT/Perkins reading

- **GRR Service**
  - IOP>21mmHg
  - Optic Nerve Head Normal
  - Visual Field Normal

**GRR Assessment/Re-Assessment**
- Assess IOP using slit lamp mounted Goldman or Perkins tonometry
- Repeat Optic Nerve head assessment
- Repeat Visual Fields
- Van Herrick’s anterior angle

**GRR Repeat IOP Reading**
- Assess IOP using slit lamp mounted Goldman or Perkins tonometry

- **Consultant Ophthalmologist (HES)**
  - Referral for OHT diagnosis via CRS
  - For Urgent and Emergency referrals book at the Hospital Eye Department directly

- **Recall to GRR for re-assessment in 12 months time**
- **Discharge**

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- **Normal Optic Nerve head and normal visual fields but IOPs≤21mmHg**
- **Normal Optic Nerve head and normal visual fields but Age 65-79 & IOP 22 to 24 mmHg**
- **Aged 80 and older & IOP 22 - 25 mmHg**
- **Optic Nerve head or visual fields suspicious or Age <65 & IOP >21mmHg**
- **Age 65-79 & IOP >24mmHg**
- **Aged 80 and older & IOP >25mmHg**

**Patients with any signs of Glaucoma (other than IOP>21mmHg) or with an IOP >31mmHg should bypass the repeat reading service and be referred to consultant ophthalmologist via the Central Referral Service (CRS).**

- **For urgent onward referrals (IOP> 35mmHg or other significant clinical indicators), the ophthalmic practitioner shall advise the relevant hospital eye service by telephone and directly send the HES the patient record and standard referral form.**

- **For patients identified as an emergency (e.g. a very high IOP > 44mmHg or angle closure glaucoma) the optometrist should contact the Hospital Eye Service directly and ensure the patient is seen within 24hrs.**

- **Where applanation measurements show a consistent difference in pressure of 5 mmHg or more between the two eyes, practitioners should consider whether referral may be appropriate, or whether there is reasonable explanation (i.e. surgery to one eye).**
Pathway Description - Patients Initially Seen at Participating Practice

- Patients who are identified as having IOP >21 mmHg during a private or NHS sight test at a participating practice will have immediate slit lamp GAT or Perkins tonometry.
- All patients with IOP >31mmHg should bypass the repeat reading service and be referred to HES for OHT diagnosis.
- If GAT/Perkins tonometry shows IOP< 21mmHg with normal fields and optic disc appearance, the service user will be discharged from the service.
  - If the service user is aged 65-79 with an IOP of 22-24mmHg or aged 80 years or older and has an IOP 22-25mmHg with no other signs of glaucoma, they will need to be recalled to the GRR Service in 12 months’ time.
  - If the service user is 64 or below and has an IOP for >21mmHg, 65 – 79 and has an IOP of >24 mmHg or is 80 years or older and has an IOP of >25mmHg, they will need to be referred to the Hospital Eye Service.
- Where application measurements show a consistent difference in pressure of 5 mmHg or more between the two eyes, practitioners should consider whether referral may be appropriate, or whether there is reasonable explanation (i.e. surgery to one eye).
- Refer any other incidentally discovered pathology as usual.

Pathway Description - Patients Initially Seen at non-Participating Practice

- This service provides for the assessment and management of patients who are referred from non-participating practices having been found to have IOP >21mmHg.
- All patients with IOP >31mmHg should bypass the repeat reading service and be referred to HES for OHT diagnosis.
- Patients referred from non-participating practices will have:
  - Slit lamp GAT or Perkins tonometry
  - Optic disc assessment and cup to disc ratio recorded
  - Anterior angle assessment by Van Herrick’s technique
  - Suprathreshold visual field assessment
- Patients with any IOP reading but discs indicative of Glaucoma or fields indicative of Glaucoma or any other referable pathology must be referred to the Hospital Eye Service.
- If GAT/Perkins tonometry shows IOP< 21mmHg with normal fields and optic disc appearance, the service user will be discharged back to the GP or referring community provider.
- If the service user is aged 65-79 with an IOP of 22-24mmHg or aged 80 years or older and has an IOP 22-25mmHg with no other signs of glaucoma, they will need to be recalled to the GRR Service in 12 months’ time.
- If the service user is aged 64 or below and has an IOP for >21mmHg, 65 – 79 and has an IOP of >24 mmHg or is 80 years or older and has an IOP of >25mmHg, they will need to be referred to the Hospital Eye Service.
- Where application measurements show a consistent difference in pressure of 5 mmHg or more between the two eyes, practitioners should consider whether referral may be appropriate, or whether there is reasonable explanation (i.e. surgery to one eye).
- Refer any other incidentally discovered pathology as usual.

Urgent and Emergency Referrals

- For urgent onward referrals (IOP> 35mmHg or other significant clinical indicators), the ophthalmic practitioner shall advise the relevant hospital eye service by telephone and directly send to the HES using the standard referral form.
• For patients identified as an emergency (e.g. a very high IOP > 44mmHg or angle closure glaucoma) the optometrist should contact the Hospital Eye Service directly and ensure the patient is seen within 24hrs.

**Competency Requirements for Optometrists**

The competencies for the Provider and all ophthalmic practitioners employed or engaged by the Provider in respect of the provision of this service are all included in the core competencies as defined by the General Optical Council (GOC).

Participating Optometrists must be registered with the General Optical Council and be on the performers list of NHS England.

Ophthalmic practitioners are recommended to complete the LOCSU/WOPEC Glaucoma Distance Learning modules.

The Provider shall be responsible for ensuring that all participating Ophthalmic practitioners are familiar with the requirements of the service specification and the administration of the service including protocols, processes and paperwork.

The CCG will provide optometric practices with a regularly updated list of contractors providing the glaucoma repeat reading service.

**Equipment**

The optometrist will have all the following items of equipment listed and capability to use them along with access to them at all times:

- Goldman or Perkins Applanation Tonometer
- Appropriate disinfecting equipment or disposable tonometer heads
- Equipment for assessing Optic Nerve head such as Direct Ophthalmoscope or fundus viewing lens
- Equipment for assessing Anterior chamber angle – Van Herrick
- Automated Visual fields machine capable of Supra-threshold field measurement and ability to print the plot/report.
- Distance Visual Acuity Test Chart
- Appropriate ophthalmic drugs (Mydriatic, anaesthetic, staining agents)
- Telephone, Internet connection and Safe Haven Fax on your business premises

**Clinical Governance**

Primary Eyecare Essex (the Provider) will ensure that the appropriate Quality in Optometry NHS Standard Contract Checklist has been completed for their organization prior to the contract commencement date and provide evidence of this to the commissioner if requested to do so.

http://www.qualityinoptometry.co.uk/nhs/

Primary Eyecare Essex (the Provider) shall participate in any clinical audit activity as reasonably requested by the CCG, and maintain appropriate patient records to evidence and support such activity, including an electronic spreadsheet showing patient outcomes.
Infection Control

The premises the service is provided from should have appropriate infection control measures in place as outlined in Quality in Optometry guidelines. Practices should complete the interactive audit for their organization prior to the contract commencement date and provide evidence of this to the commissioner if requested to do so.

http://www.qualityinoptometry.co.uk/audit/

Performance Reporting

- A report on activity and patient outcomes shall be forwarded by the Provider to the CCG by the 14th day of the month following the month in which the patients received the service. This information shall be required for the validation and payment of invoices.
- Clinical Governance issues shall be reported by the Provider to the CCG by exception.
- Complaints shall be reported quarterly by the Provider to the CCG
- Other relevant information required from time to time by the CCG shall be provided by the Provider in a timely manner.

Population Covered:

- Service only available for patients whose GP practice is located in Mid Essex CCG.
- The practice shall ensure that the patient is an eligible person by verifying the patient's GP before providing the service.

  Please note:

- Every referral received from another source must have details of the IOPs at the time of the sight test. Without this information, you will not be able to undertake a glaucoma referral refinement on that patient. If necessary, you must contact the referring practice for this patient.

Excluded are:

- Referrals relating to Children under the age of 18
- IOP >31 mmHg
- Concurrent referable pathology
- Other signs of glaucoma such as ONH anomalies or glaucomatous field defects. Suspect angle closure glaucoma.
- The patient's GP practice is located outside of the Mid Essex CCG

Acceptance and exclusion criteria and thresholds

The service should see patients from both participating and non-participating opticians who have shown an IOP reading of greater than 21 mmHg from a GOS or private sight test.

Patients should not be seen by this service if they have any signs of glaucoma (other than IOP>21mmHg). These should be referred to the consultant ophthalmologist via the Central Referral Service (CRS).
Interdependence with other services/providers

The service will be dependent on:
- Other optometrists and GP practices making the referrals into the service directly or via the CRS
- The Central Referral Service (CRS) for redirecting suitable referrals
- The service will need to report outcomes of appointments with referring parties
- The service will refer patients with repeat readings for IOP>21mmHg to the Hospital Eye Service through the CRS stating that the referral is from the GRR.

Literature to be supplied:

For patients discharged:
- Patients not requiring onward referral to HES should be discharged with a copy of the discharge advice leaflet.
- A letter detailing the test outcomes and any other supporting advice should be sent to the GP within seven days of the appointment. This letter is automatically generated by the Webstar portal. This applies to all CCG areas.

For patients who are referred:
- A letter detailing the test findings and any other supporting advice should be sent to the GP within seven days of the appointment, informing them their patient has been referred to Ophthalmology. This letter is automatically generated by the Webstar portal. A copy of this referral should be given to the patient/carer.
- When a patient is referred, you will need to complete the refraction details on the portal to auto fill the GP’s referral report.

All Patients:
- Should be given the Patient Information leaflet which discusses why the tests were done and explain what glaucoma is.
- Should be asked to complete a Patient Satisfaction Questionnaire.

Patient Satisfaction Questionnaire:

It is a requirement of all New Contracts for patients to be asked to complete a Patient Satisfaction Questionnaire (PSQ). Not all patients will choose to do so but the results of these questionnaires need to be reported every three months to the CCG, so their completion should be encouraged. A copy of this document will be supplied to you.

- A PSQ can be completed at the time of the assessment or can be left at the practice at a later date.
- A PSQ can be completed as a paper document or on the Webstar portal by a member of staff.
- A PSQ can be sent as a paper document to the Clinical Lead to enter into the portal.
- A paper version of the PSQ can be entered into the portal by a member of staff after the patient has completed it.

Claiming Fees:

- Fee for performing this refinement: £36 if referred from an external source, £22.60, if Internal referral or own Patient.
• The fee claiming process is done automatically via the Webstar portal.
• This portal is also used to report the results to the CCGs.
• Once you have seen your patient, you will need to complete the Webstar portal. Certain data is a requirement for this service and you will not be able to sign off the episode without completing all the necessary boxes.
• Once all data has been entered, you will be able to sign off your patient.
• Claims will be made automatically on your behalf on the 7th of each month.

Webstar Portal:
Here are a few points specific to the Webstar portal.

• You will receive a copy of the OptoManager Quick Start Guide that will explain how to register on the portal.
• Patient details can be entered by any member of staff before the patient is seen.
• If you make an error in your data entry, you must not sign off the patient. If you have gone beyond the page with an incorrect entry, you may not be able to go back and edit details on the previous screen. If you can not edit your data errors, save the episode and start another one. Once this entry is correct sign off this patient. Please also inform Mark Carhart the Clinical Lead using the following email address: mark.peeltd@gmail.com of the error in the first entry who will get this episode deleted from the portal.