

Procedure for Glaucoma Referral Refinement Scheme

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DATE RATIFIED	<i>September 2011</i>
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POLICY AUTHOR	Primary Care Lead Optometric Adviser
ACCOUNTABLE DIRECTOR	PCT Managing Director
APPROVING COMMITTEE	Cluster Executive
VERSION NUMBER	<i>Version 1</i>

Applicable Statutory, Legal or National Best Practice Requirements	NICE guidance: "Glaucoma; Diagnosis and management of chronic open angle glaucoma and ocular hypertension (April 2009 and March 2011)".
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NHS Warrington is committed to an environment that promotes equality and embraces diversity both within our workforce and in service delivery. This document should be implemented with due regard to this commitment.

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Author: <i>Kerry Davis, Primary Care Lead</i>	Lead Director: <i>Joanne Forrest, Managing Director</i>		

VERSION CONTROL SHEET

A version control sheet must be included after the front page.

Version	Date	Reviewed By	Comment
0.1	02.08.11	Primary Care Lead and Glaucoma Project Group	Minor changes
0.2	24.08.11	Primary Care Lead and Glaucoma Project Group	Minor changes
0.3	02.09.11	Primary Care Lead and Glaucoma Project Group	Final draft for Approval
0.4	07.09.11	Managing Director	Approved

Equality Impact Assessment completed	By <i>Policy Author</i>	Date
Sponsor approval	By <i>Name of Sponsor</i>	Date

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1 Introduction

This procedure is intended to be used by Ophthalmic Performers working independently in the community for contract holders with NHS Warrington. Contract holders must ensure that performers adhere to the obligations outlined in their National General Ophthalmic Service 'Mandatory' Contract (2008) and/or their National General Ophthalmic Service 'Additional' Contract (2008.)

This protocol has been developed to be compliant with NICE guidance: "Glaucoma; Diagnosis and management of chronic open angle glaucoma and ocular hypertension (April 2009 and March 2011)".

1.1 Objective

The aim of the procedure is to ensure that only patients who have either repeatable intraocular pressures (IOP's) of greater than 21mmHg or have repeatable suspicious visual field defects are referred to Ophthalmology. Patients who do not have repeatable defects are therefore able to remain in local primary care.

1.2 Scope

The policy covers procedures and processes for supporting independent ophthalmic contractors in managing the Glaucoma Refinement Referral pathways.

2 Equipment List

Slit-lamp mounted Goldmann Type Applanation Tonometer (GAT)
Perkins Tonometer.

This should be used in accordance with College Guidelines.

3 The Procedure

Intra-ocular pressure Pathway

3.1 If at first sight test IOP >21mmHg in either eye, by whichever method you choose, repeat IOP. If originally performed by applanation tonometry, the repeat should be carried out on a different day. Otherwise the repeat can be done at the same visit.

3.2 Repeat with slit-lamp mounted Goldmann Type Applanation Tonometry (GAT) or Perkins.

3.3 If IOP >21mmHg, in the same eye refer to Ophthalmology

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- 3.4 If IOP \leq 21mmHg patient does NOT need to be referred BUT the claim form should be completed and sent to the agency for payment.
- 3.5 Fee paid for repeat IOP check, if carried out as stated above is detailed in Appendix 1.
- 3.6 **All claim forms must be submitted to Cheshire Health Agency, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1DU along with GOS forms, in the usual way and in the usual time frame. Details should be kept for the completion of the audit form, which should be forwarded to the PCT on a monthly basis. See Appendix 5 for claim forms.**
- 3.7 See Appendix 2 for flow diagram of IOP Pathway

4. Visual Field Pathway

- 4.1 If at first test IOP \leq 21mmHg, no other sign of glaucoma is present (disc changes, spinter haemorrhages) but there is a potentially 'glaucomatous' visual field defect repeat the Visual field within 14 days but NOT on the same day.
- 4.2 It is up to the performer to use professional judgement but it is suggested that patient is not referred unless the repeated field shows a defect in the same area as the first test.
- 4.3 If the repeated field shows a defect in the same area as the first test then it should be referred to Ophthalmology including BOTH first and second visual field test printouts for BOTH eyes.
- 4.4 If the patient does NOT need to be referred the claim form should be completed and submitted to Cheshire Health Agency for payment.
- 4.5 Fee paid for repeat field, if carried out as stated above, is detailed in Appendix 1.
- 4.6 See Appendix 3 for flow diagram of Visual Field Pathway.

5. Intra-ocular Pressure and Visual Field Pathway

- 5.1 If at first test IOP > 21mmHg and there is a potentially glaucomatous visual field defect present, without any other sign of Glaucoma, repeat IOP at the same time with GAT or Perkins, or on another day if performed by this method originally.
- 5.2 If IOP >21mmHg, in either eye, refer to Ophthalmology

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- 5.3 If IOP \leq 21mmHg repeat visual field within 14 days (as Visual Field Pathway)
- 5.4 Unless the repeated field shows a defect in the same area as the first test then it should not be considered significant and NOT referred to ophthalmology.
- 5.5 If the repeated field shows a defect in the same area as the first test then it should be referred to Ophthalmology including BOTH first and second visual field test printouts for BOTH eyes.
- 5.6 If patient does NOT need to be referred the claim form should be completed and submitted to Cheshire Health Agency for Payment.
- 5.7 Fees paid will reflect if IOP only or IOP and VF are repeated. See Appendix 1.

See Appendix 4 for flow diagram of pathway.

6. All Pathways

- 6.1 Performers should consider NOT referring patients aged 80 years and over with IOP's <26mmHg OR aged 65 and over with IOP's <25mmHG with otherwise normal ocular examinations, as per the joint colleges guidance.
- 6.2 Recall interval is left to your professional judgment. Consideration should be given as to whether the patient is likely to produce consistent field tests.
- 6.3 Please send all referrals to the Warrington and Halton NHS Foundation Trust Hospital immediately by fax or post, if the practice doesn't have a fax machine or when sending visual fields. If the patient does not wish to attend this hospital, send referral letter to patient's GP to facilitate patient choice. See Appendix 6 for a copy of the referral form.
- 6.4 Fees have been agreed with the Local Ophthalmic Committee, as set out in Appendix 1, and will be paid monthly by Cheshire Health Agency.
- 6.5 A spread sheet should be completed giving details of patients and outcomes and sent to the PCT on a monthly basis for audit purposes. See Appendix 7
- 6.6 All claims for fees will be subject to audit by the Primary Care Trust. The Primary Care Trust reserves the right to recover fees paid for incorrect claims.

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6.7 The Primary Care Trust will be auditing results from the scheme to ensure that the original aim is being achieved.

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Appendix 1

FEES

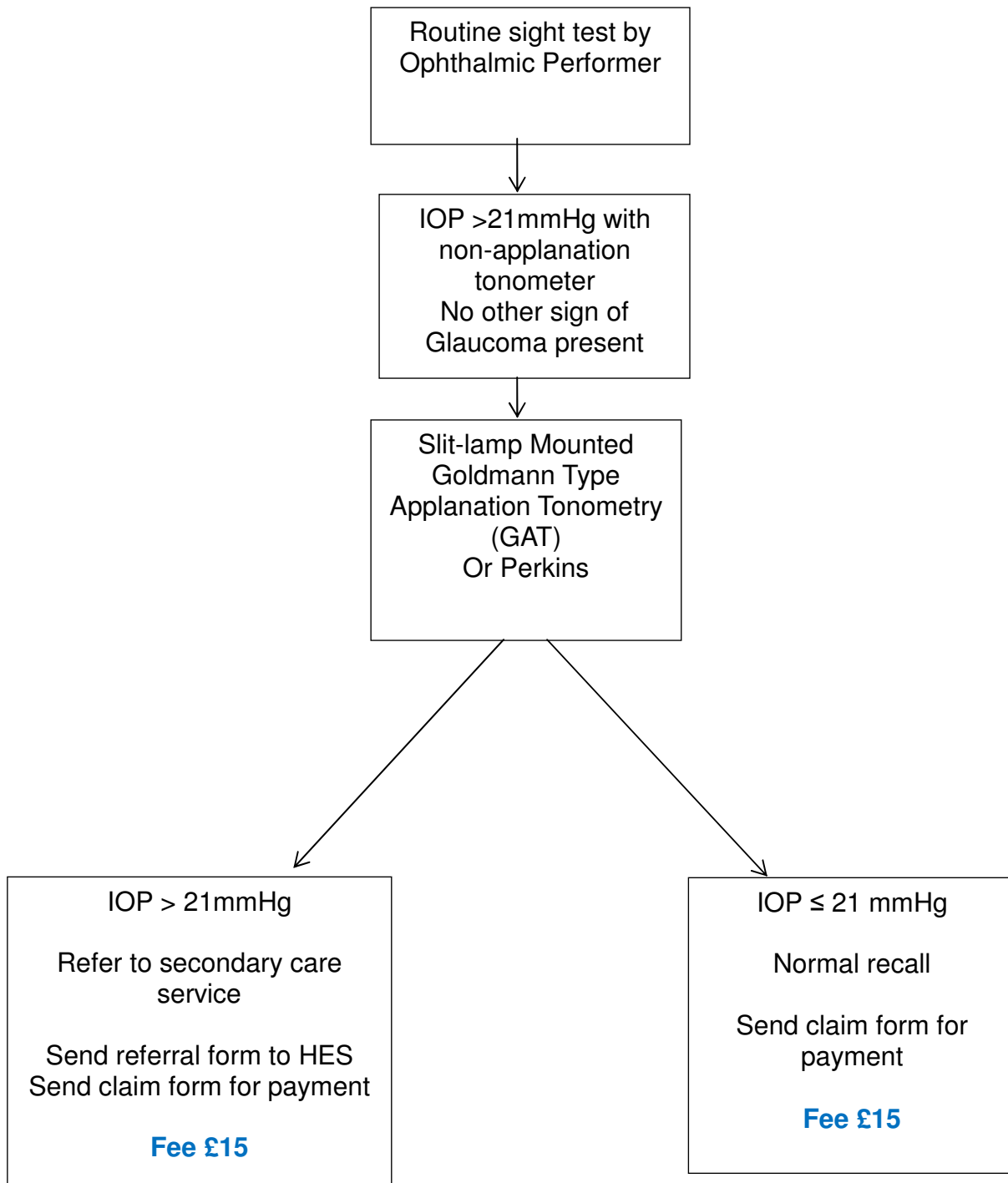
Pathway	Fee paid (per patient) Full fee
IOP repeat	£15.00
Visual Field repeat	£25.00
Field and IOP repeat (where both tests are completed) **	£40.00
** for patients that only require repeat IOP and are then referred the IOP repeat fee will be paid only.	
Please submit all claim forms to:- Cheshire Health Agency, 1829 Building, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1DU – Appendix 5	
Details should be kept for the completion of the audit form, which should be forwarded to the PCT on a monthly basis.	

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Appendix 2

Glaucoma Referral Refinement Pathways

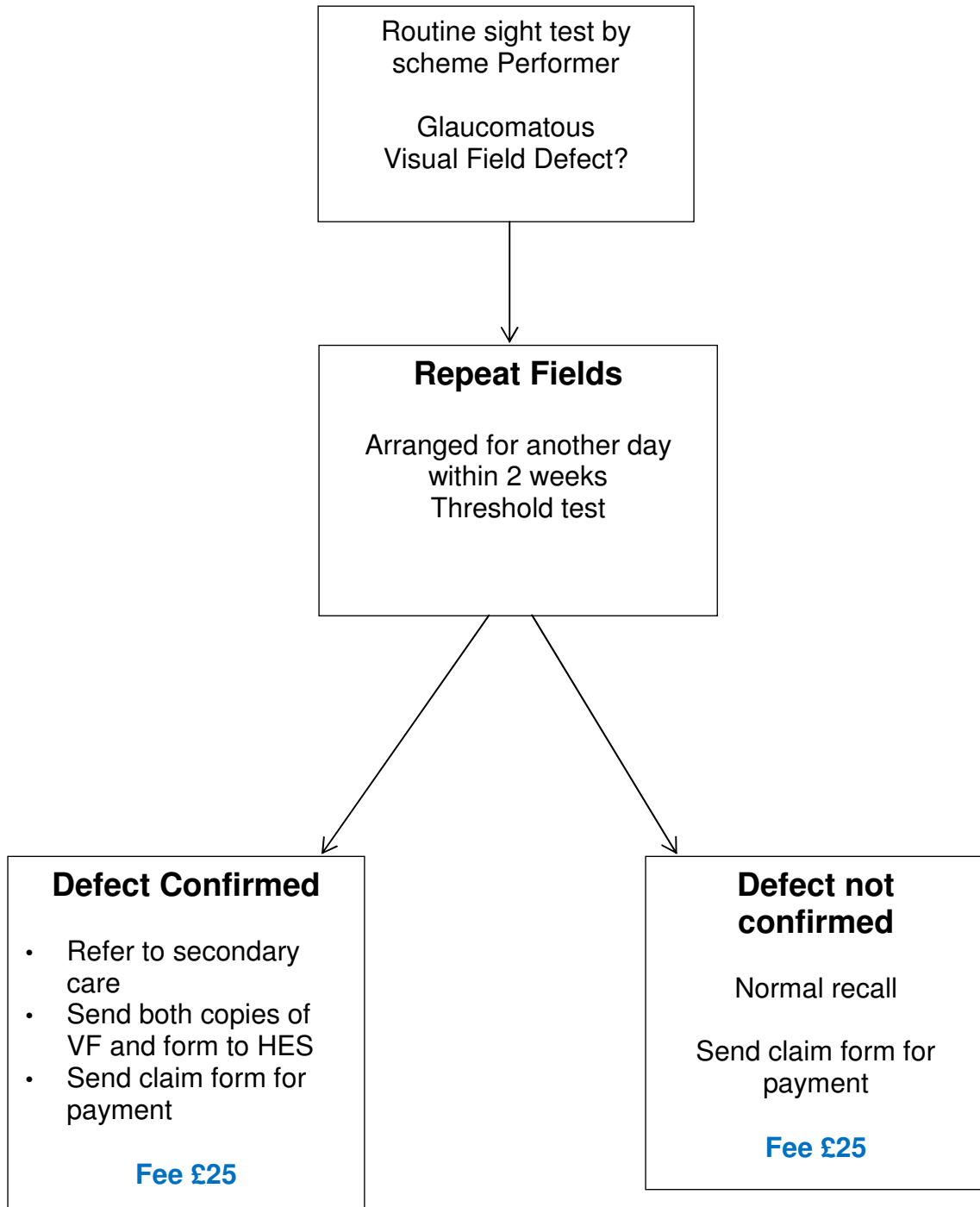
Raised IOP without any other sign of Glaucoma



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Appendix 3

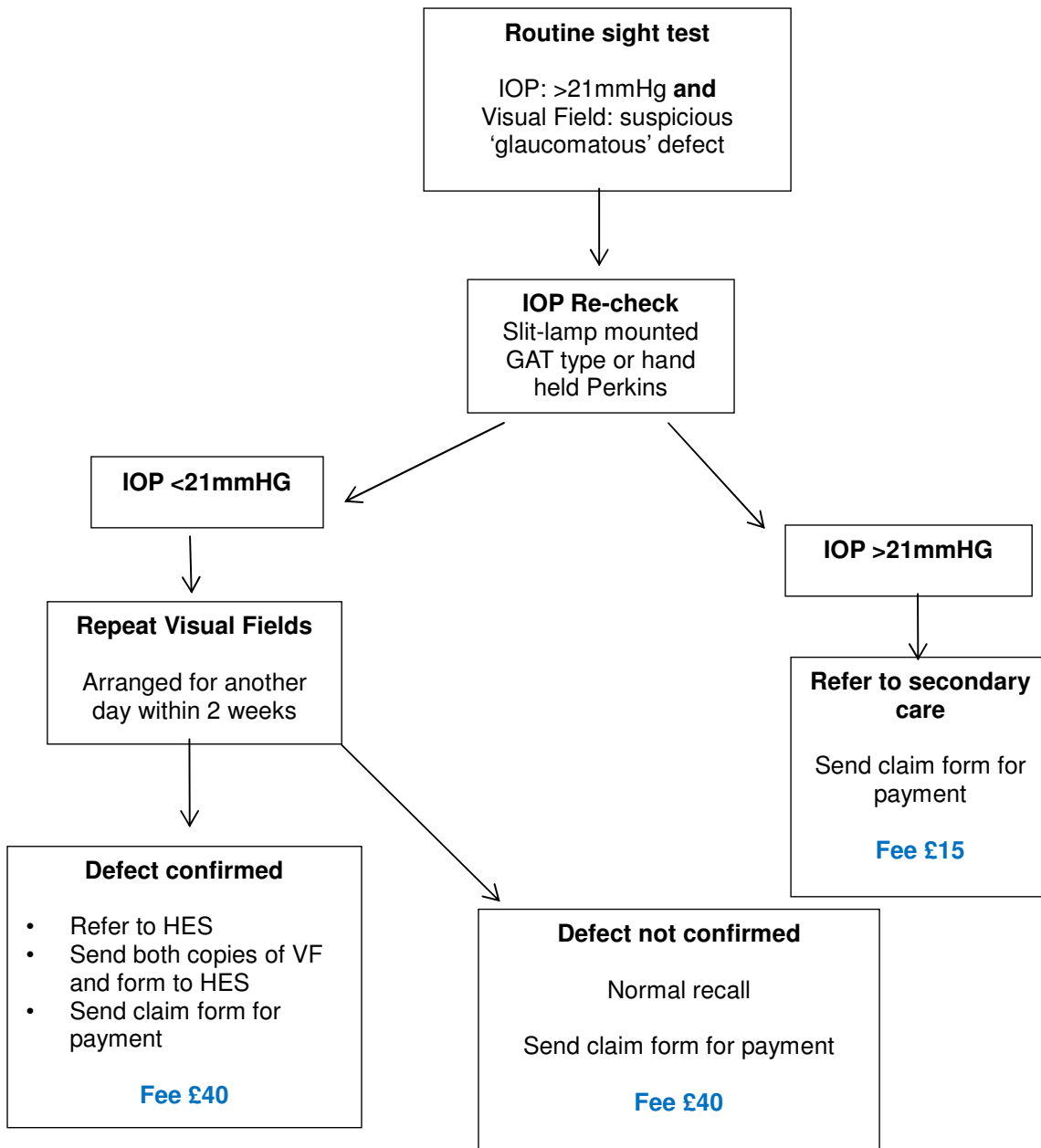
Suspicious Glaucomatous Visual Field Defect



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Appendix 4

Raised IOP and possible glaucomatous visual field defect



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Enhanced Ophthalmic Services – LOCSU Scheme 1a (repeat IOP) Claim Form

Date of initial test		Date of repeat test	
Patient Name			
Patient Address & Postcode			
Date of Birth		Private or GOS?	
GP Name			
GP Address & Postcode			
Patient's Signature			

Performer's name	
Performer's List No:	OPL/
Performer's Signature	
Practice address & Postcode	
Signed on behalf of the contractor	

I claim the appropriate fee of:

Please send complete form to Cheshire Health Agency, along with regular GOS payments

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**Enhanced Ophthalmic Services – LOCSU Scheme 1b
(repeat visual fields)
Claim Form**

Date of initial test		Date of repeat test	
Patient Name			
Patient Address & Postcode			
Date of Birth		Private or GOS?	
GP Name			
GP Address & Postcode			
Patient's Signature			

Performer's name	
Performer's List No:	OPL/
Performer's Signature	
Practice address & Postcode	
Signed on behalf of the contractor	

I claim the appropriate fee of:

Please send complete form to Cheshire Health Agency, along with regular GOS payments

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Appendix 6

NICE GLAUCOMA REFERRAL FORM

Patient name	GP name	Optometrist name
Date of Birth	Address	Address
Address		
Postcode	Postcode	Postcode
Tel No:		Tel No:

Right

Left

Sph	Cyl	Axis	VA	Sph	Cyl	Axis	VA
Prism	Base	Add	Near VA	Prism	Base	Add	Near VA

Findings:		Findings:	
IOP: mmHg		IOP: mmHg	

Comments:

After repeat tests using Applanation Tonometry I found Intra-Ocular Pressure consistently >21mmHg. In accordance with NICE guidance, I refer this patient to your care. I found no signs of ocular or systemic disease during the test and the patient has no symptoms.

I would be grateful if you would keep me informed as to the outcome of your assessments and any future management.

Signature:	Date:
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Appendix 7

Goldmann Applanation Tonometry IOP Refinement Record For The Month Of

Practice										Date Submitted			
Initial Consultation Date	Optometrist	Px Initials	Px Age	Fields / Discs normal?	Initial IOP (mmHg)		GAT Repeat (mmHg)		Repeat Fields (y/n)	Referred? (y/n)	Fee Claimed? (y/n)		
				(y/n)	R	L	R	L			1a	1b	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
Deflection %age					Totals								

$(a - b) / a$

(a)

(b)

Please e-mail this form to David Knowles Optometric Adviser david.knowles1@nhs.net
 or post to
 Kerry Davis, Primary Care Lead, NHS Warrington, Millennium House, 930-932, Birchwood Boulevard, Warrington. WA3 7QN

(date to be inserted)

(practice address to be inserted)

Dear Colleague

RE: Glaucoma Referral Refinement Scheme

All Ophthalmic Contractors in Warrington are invited to participate in the Glaucoma Referral Refinement Scheme.

The scheme applies to patients who would not have been referred but for the recent NICE Guidance, i.e. patients with Intra-ocular pressures over 21mmHg with normal discs and fields. Clearly if you have any concerns about discs, fields or AC depth, or any other pathology, you must refer as normal.

The College of Optometrists advises (in line with the NICE Guidance) that practitioners should not normally refer the following patients -

a. Patients aged 80 years and over with measured Intra-ocular pressures <26mmHg with otherwise normal ocular examinations (normal discs, fields and van Herick), or

b. Patients aged 65 and over with Intra-ocular pressures of <25mmHg and with otherwise normal ocular examinations (normal discs, fields and van Herick).

This advice has been endorsed by the Association of Optometrists and we would therefore not expect these patients to be referred.

Practices may immediately repeat the Intra-ocular pressures measurement using Goldmann or Perkins tonometers and will be paid a fee irrespective of the outcome. If the first measurement was by one of these instruments, the repeat measurement should take place on a different day.

The NICE guidance for OHT requires 'normal repeatable visual fields' and it is clear that fields need to have been done. Routine field screen would be sufficient but practitioners must use their own clinical judgment.

If practitioners feel that they would like refresher training in the use of applanation tonometry, please let me know. Workshops will be arranged in conjunction with the LOC

We are currently discussing the protocol with the LOC and expect to have this available very soon. All stationery and literature will be available on the Central Mersey LOC web site.
<http://www.loc-net.org.uk/centralmerseyloc>

The LOC has called an Extraordinary General Meeting on 5th September 2011 where we hope to formally launch the scheme. Their secretary will be sending out details very soon.

We have tried to keep the scheme as simple as possible and we hope that all practices will participate in the scheme. Please fill in the reply slip below to indicate you interest.

Yours sincerely

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Kerry Davis
Primary Care Lead

Please return the cut off slip below to Hazel Leach, Primary Care Support Manager, NHS Warrington, 930-932 Birchwood Boulevard, Birchwood, Warrington, WA3 7QN

**I am/not interested in taking part in the glaucoma referral refinement scheme proposed.
(If not, please state reasons)**

Yes No

I am already competent using Perkins or Goldmann applanation tonometry and have the equipment in my Practice.

Yes No

I would like to attend refresher training to improve my applanation tonometry skills.

Yes No

Signed:

Date:

Name of Contract Holder:

Name of Opticians:

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Consultation Process

- Discussions with Local Ophthalmic Committee
- Presented at GP Consortium Board
- Presented at the Cluster Executive Team
- Shared with Warrington Independent Ophthalmic Providers

Dissemination and Implementation

Following approval this document will be entered onto the corporate document database. All approved documents are accessible via the trusts intranet.

- It is the responsibility of the Primary Care Department to ensure that the policy is adhered to by all staff.
- This document will be shared with all NHS Ophthalmic Performers.

References

- NICE guidance: Glaucoma; Diagnosis and management of chronic open angle glaucoma and ocular hypertension (April 2009 and March 2011).
- The policy will be reviewed annually by the Primary Care Team and Optometric Adviser.

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