

Manchester glaucoma referral refinement scheme

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| Name of scheme: | | Manchester Glaucoma Referral Refinement Scheme |
| Date of commencement: | | 2000 |
| Area covered: | | Manchester HA |
| Optometry contact: | Name: | Ted Cadman |
| | Position: | |
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| Administrative contact: | Name: | |
| | Position: | |
| | Address: | |
| | Phone: | |
| | Fax: | |
| | e-mail: | |
| Type of scheme: | | Glaucoma Referral Refinement |
| Frequency of monitoring | | One visit |
| Accreditation | | Yes |
| Training requirements | | Initial: 3 evening lectures + 2 afternoon clinics Ongoing: 2 clinics p.a. |
| Fee paid: | | £35 |
| Audited: | | Not yet |

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Further information from Ted Cadman

Manchester Health Authority offered funds for any scheme which would reduce waiting list times. A scheme was suggested to “refine glaucoma referrals”. This would enable the eye hospital to get results that they could trust and hopefully the 40% of false referrals that were occurring would disappear and the other 60% of positive referrals would have one less consultation required.

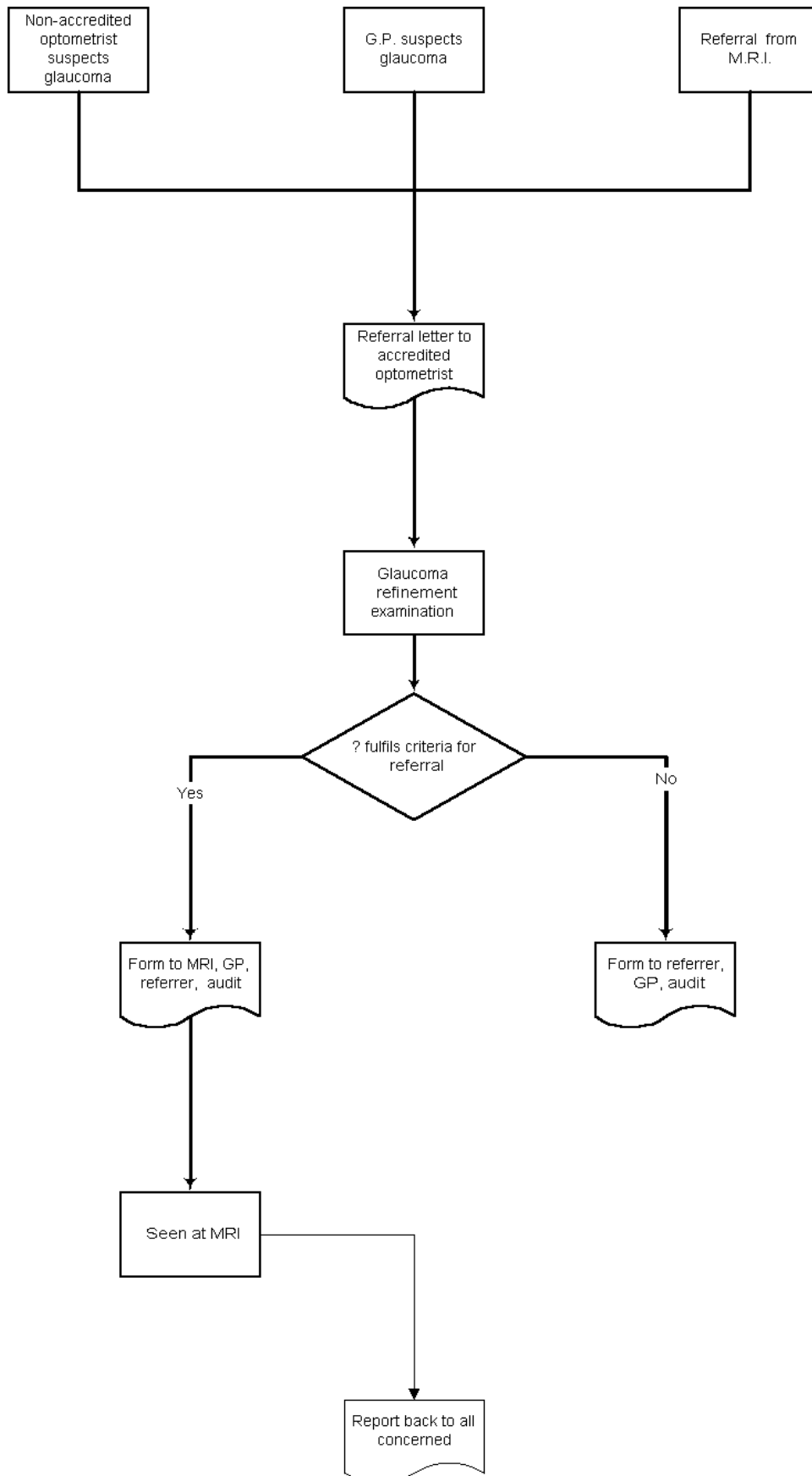
This was estimated to be saving the eye hospital some 1200 appointments per year which could be used for other patients. The idea was to train up between 10 and 20 optometrists and to accredit them such that they would undertake a set of procedures which were totally compatible with the eye hospitals own first patient visit. This involved definite specifications of procedures to be carried out and also the need for specific equipment to be used. The inherent problem of the scheme was to persuade 100 Manchester optometrists that it was in the best interests of the patient to allow between 10 and 20 optometrists to have a "superior skill" such that the non -accredited optometrist would have to obtain an opinion from one of his accredited colleagues before the patient could be made an appointment at the eye hospital.

The scheme co-ordinators Fiona Spencer (ophthalmologist), David Henson (visual field expert), Robert Harper (Manchester Royal Eye Hospital optometrist), and myself invited the entire 100 Manchester optometrists to be part of the scheme and to attend a preliminary meeting to hear the details. We have finished up with 18 optometrists attending the accreditation course and the other 82 optometrists voluntarily opting out.

The actual scheme and protocols are shown on other pages but the basic outline is that there will be 18 optometrists seeing approximately 1200 new referrals for glaucoma each year. These 1200 possible glaucoma referrals will come from patients referred by non-accredited optometrists or General Practitioners where the patient's GP must be registered within the Manchester Health Authority boundary. The accredited optometrist will receive a fee of £35 (from “Reducing Waiting List” funds).

There will be a clinical audit carried out and if the scheme were to be working perfectly all accredited optometrist referrals would prove positive and the percentage of screenings done by the accredited optometrist which were deemed negative would be 40%, which would agree with the eye hospital figures.

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Manchester Royal Eye Hospital and Manchester Local Optometric Committee

Refining glaucoma referrals by accredited optometrists

Practice procedures

The new referral protocol will only be applicable if the patient's GP is registered in the Manchester Health Authority Area, and it is essential that the receptionist ascertains this before booking the appointment (see enclosed register of Manchester General Practitioners.).

The patient arrives at or contacts an accredited optometrist's practice after having been referred to them either by another non-accredited optometrist or by their GP or by direct referral from the Manchester Royal Eye Hospital.

Receptionist should ensure that when a patient is referred through this pathway they make an appointment only with the accredited optometrist and of a duration long enough for the protocol procedures to be carried out. The receptionist should advise the patient that drops are likely to be needed and that the examination may take longer, also warning the patient that the drops may blur the vision for a few hours making driving difficult or impossible.

When the patient is referred by a non-accredited optometrist ensure that the patient has a completed GOS 18 and take it from them as soon as possible for the accredited optometrist to peruse before the appointment..

After the examination the glaucoma referral form should be completed LEGIBLY and in full before it is distributed according to the protocol.

Following the examination the patient should be advised of the result of the examination and be told as to whether the accredited optometrist agrees with the need for glaucoma referral or whether in their opinion there is no need to be seen by the eye hospital.

The accredited optometrist's report will be sent out as follows:

- The first (white) copy (in the event of the decision to refer) should be sent to the Manchester Royal Eye Hospital along with the results of the field test when the appointment at the eye hospital has been made.
- The second (yellow) copy (no matter whether the patient has been referred or not) should be sent to the ophthalmic payments officer along with a payment claims form. They will forward it to the appropriate person who is carrying out the clinical audit.
- The third (green) copy is to be sent to the patient's GP for their information as to what action has been taken with regard to the suspect glaucoma patient.
- The fourth (pink) copy is to be sent to the referring optometrist to inform them of the results of the second opinion by the accredited optometrist and actions taken.

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Manchester Royal Eye Hospital and Manchester Local Optometric Committee

Scheme for refining glaucoma referrals by accredited optometrists

Criteria and mechanism for payment

1. The new protocol is to help ensure that all suspect glaucoma patients receive the equivalent of the first eye hospital visit in the community. One of the benefits of the protocol will be a reduction in the number of false referrals to the eye hospital. Only accredited optometrists who have attended the Manchester Royal Eye Hospital course and agree to attend the continuing accreditation are eligible for payment. The accredited optometrist will sign a contract with the Health authority to provide the service and will be indemnified by the AOP professional indemnity scheme.(Non AOP members need to contact the individual indemnity providers).
Please note that failure to follow the protocol or attend further accreditation courses could lead to the removal from the accredited list.
2. Please note that it is the individual optometrist who is accredited and not the practice. Also note that it is the optometrist's responsibility to establish the patients eligibility for screening before claiming the fee.
3. A patient will be eligible, and the additional fee payable by Manchester Health Authority only if the patient's GP is on the Manchester Register.

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Manchester Royal Eye Hospital and Manchester Local Optometric Committee

Scheme for refining glaucoma referrals by accredited optometrists

Referral protocol for glaucoma suspects

Any patient referred to an accredited optometrist under the Manchester Royal Eye Hospital scheme will undergo the following examinations (in the order below) and the assessment form will be completed.

1. Corrected visual acuity will be noted or checked
2. The patient will undergo a superthreshold visual field test with a Humphrey, Henson or Dicon machine before disc assessment
3. The anterior chamber depth will be measured and graded by Van Herrick's method (narrow angles would obviously have IOPs measured again after dilation), and any anterior chamber abnormalities (rubeosis, raggy iris, pseudoexfoliation) will be noted
4. The patient will have their intraocular pressures measured before dilation by either Goldmann or Perkins tonometry.
5. The patient will be dilated and disc assessment made with a Volk lens with special note being made with regard
 - a. size of disc
 - b. vertical CD ratio
 - c. cup type (horizontal, vertical or round)
 - d. observation on ISNT rule being broken or not
 - e. appearance of any focal notches or disc haemorrhages
 - f. any vascular signs (bayoneting, vessel narrowing, vessel bearing nasalisation, flyover vessels, collateral vessels).
 - g. any bowing back with NRR unclear.
 - h. any sign of any peri-periferal atrophy

The patient's form will be filled in and will then be assessed and classed as either no glaucoma or found to be suspicious of having glaucoma and referred directly to the Manchester Royal Eye Hospital using the report form and enclosing visual field results.

The protocol for referral will be:

1. Intraocular pressure alone (i.e. normal fields and disc appearance)
IOP 26 mmHg or greater on two occasions by applanation tonometry
NB 35 mmHg or more merits urgent referral for acute condition
2. Visual field alone (i.e. normal IOP and optic disc appearance)
Consistent on two occasions
NB Check if explained by other optic disc or retinal pathology and refer as such.
3. Optic disc appearance alone (i.e. normal IOP and fields)
Pathological cupping must be unequivocal by stereoscopic examination as per protocol above or there should be asymmetry of 0.2 or greater.
4. IOP and optic disc indications
Raised IOP of 22 mmHg or greater along with suspicious optic disc or cup
asymmetry of 0.2 or greater
5. Optic disc and visual field
If both show definite glaucomatous change, IOP is "irrelevant" if disc and field changes fit.
(If unsure repeat IOP and field)
6. Change in optic disc
Documented change in disc appearance (i.e. cup size, neuroretinal rim configuration, new haemorrhage or change in cup CD of 0.2 or greater.)

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7. Secondary glaucoma
If anterior segment signs of secondary glaucoma plus IOPs of 22 mmHg or greater on two occasions
NB Treat pseudoexfoliation as POAG but review annually if raised IOP.
8. Narrow angle
If suspect narrow angle refer if Symptoms of subacute attacks with IOPs of 22 mmHg or greater(Van Herrick grade 2 or less)
9. Unusual problem
e.g. young patient (under 40) and suspect developmental or secondary or early onset glaucoma. **PHONE OR FAX FOR ADVICE**

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Manchester glaucoma referral assessment scheme claim form

Date:

Name of Practitioner:

Practice address for payment:

PATIENT DETAILS

Surname: First name:
Address: Date of birth: //
Post Code:

Manchester Health Authority GP's name and address

I have today performed an assessment of a suspect glaucoma patient. I have carried out all the tests in the protocol and completed the assessment report form and taken the appropriate action. I am an accredited optometrist and wish to claim the Glaucoma Assessment Fee.

Signed:
Health Authority List Number:

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| MANCHESTER GLAUCOMA REFERRAL | | | | | | | | | | | | | |
|--|---------------|---|--------------------------|------------------|-------|--------------------------------|----|---|---------|--------------------|--|--------------------------|--|
| NHS NO. | | | REFINEMENT SCHEME | | | | | | | | | | |
| PATIENT | | | | | | ASSESSOR | | | | | | | |
| Date of Birth ___/___/___ | | | | | | Date of Assessment ___/___/___ | | | | | | | |
| Surname _____ | | | First Name _____ | | | Name _____ | | | | | | | |
| Address _____ | | | | | | _____ | | | | | | | |
| Post Code _____ | | | | | | Phone No _____ | | | | | | | |
| GP Name & address | | | | | | | | | | | | | |
| Prescription details from current sight test Date: | | | | | | | | | | Previous corrected | | | |
| | Uncorrected V | Sph | Cyl | Axis | Prism | Base | VA | Add | Near VA | Visual Acuity | | | |
| RE | | | | | | | | | | Date | | | |
| LE | | | | | | | | | | R 6/ | | | |
| | | | | | | | | | | L 6/ | | | |
| CURRENT OPHTHALMIC STATUS | | | | RIGHT EYE | | | | LEFT EYE | | | | | |
| ANGLE (VAN HERRICK GRADE) | | | | | | | | | | | | | |
| IRIS (ANTERIOR SEGMENT) OBSERVATIONS) | | | | | | | | | | | | | |
| PSEUDOEXFOLIATION | | | | YES / NO | | | | YES / NO | | | | | |
| CUP TYPE (VO/HO/R) | | | | | | | | | | | | | |
| VERTICAL C/D | | | | | | | | | | | | | |
| DISC SIZE (Large medium small) | | | | | | | | | | | | | |
| ISNT RULE BROKEN | | | | YES / NO | | | | YES / NO | | | | | |
| FOCAL NOTCH | | | | YES / NO | | | | YES / NO | | | | | |
| DISC HAEMORRHAGE | | | | YES / NO | | | | YES / NO | | | | | |
| PERIPAPILLARY ATROPHY | | | | YES / NO | | | | YES / NO | | | | | |
| LOCATION OF ATROPHY | | | | | | | | | | | | | |
| VASCULAR SIGNS (BAYONET, VESSEL NARROWING, VESSEL BEARING, NASALISATION, FLYOVER, COLLATERAL VESSELS) | | | | | | | | | | | | | |
| BOWED BACK NRR UNCLEAR | | | | YES / NO | | | | YES / NO | | | | | |
| DISC GLAUCOMATOUS | | | | YES / NO | | | | YES / NO | | | | | |
| IOP mmHg | | | | | | | | | | | | | |
| FIELDS NORMAL (Copy Enclosed) | | | | YES / NO | | | | YES / NO | | | | | |
| EYE GLAUCOMATOUS | | | | YES / NO | | | | YES / NO | | | | | |
| ACTION TAKEN | | 1 The above patient is a suspect glaucoma patient and requires an eye hospital appointment urgently/ soon | | | | <input type="checkbox"/> | | 2 The above patient is thought not to have glaucoma | | | | <input type="checkbox"/> | |