

NHS SWINDON GLAUCOMA INTRA-OCULAR PRESSURE (IOP) REFERRAL REFINEMENT SCHEME

Part 2 - Responsibility of Accredited Optometrists

The Contractor **MUST** ensure all accredited optometrists working within the practice abide by the requirements included in this section of the Local Enhanced Service.

All references to optometrists throughout this document includes Ophthalmic Medical Practitioners (OMPs)

Indemnity

1. Accredited optometrists **MUST ensure** that their professional indemnity insurance covers participation in co-managed/direct referral schemes.

Patient assessment

2. Accredited optometrists **MUST** carry out all appropriate and relevant tests to identify whether the patient has Intra-ocular Pressure (IOP) greater than **21 mmHg**. (See Appendix A)
3. All referrals will be made using the forms provided for this purpose by NHS Swindon.
4. Accredited optometrists must ensure the patients they refer meet the requirements for referral through the scheme.
5. If ocular abnormalities additional to Ocular Hypertension are noted these should be clearly stated on the referral form.
6. If referral is considered appropriate for a condition other than or *additional* to Ocular Hypertension the patient should be referred in the normal way by GOS18 or referral letter via the patient's GP. In this case, **the GP should be made fully aware that Ocular Hypertension is NOT necessarily the prime reason for referral.**

Patient advice and consent

The accredited optometrist will:

7. Tell the patient what glaucoma is, and how their signs and symptoms are related to glaucoma.
8. Discuss the possible treatment(s) and explain the process.
9. Obtain the patient's consent to refer to a consultant ophthalmologist.
10. Give the patient the information leaflet provided by NHS Swindon. This contains information on glaucoma and treatment.
11. Tell the patient to ring the NHS Swindon Primary Care Booking Centre to make their choice of hospital (Telephone number listed on the patient information leaflet.)

Information requirements

12. Accredited optometrists **MUST** be responsible for ensuring that all details and outcomes of the patient consultation are recorded in the patient's normal GOS records. Any information relevant to clinical care **MUST** be shared with the patient and supplied, within the bounds of patient confidentiality, to clinicians continuing the care of the patient.

Assessment/Training

13. Accredited optometrists wishing to participate in the scheme will be **REQUIRED** to complete a course of instruction which will carry CET points and to be assessed in four areas of competency (Goldmann Applanation Tonometry; calibrating a Goldmann; Van Herricks technique; and Volk lens use). This assessment will be through the accreditation programme for glaucoma referral refinement developed by the Wales Optometry Postgraduate Education Centre at Cardiff University and the Local Optical Committee Support Unit.
14. Accredited optometrists **MUST** undertake the prescribed level of Continuing Education and Training (CET) as required by the General Optical Council (GOC) to maintain registration.
15. Accredited optometrists will be expected to keep current their personal development.

Clinical Quality and Governance Standards

16. Optometrists **MUST** meet the standards and quality of professional care as required in the General Ophthalmic Services Contract.

Clinical Auditing

17. Accredited optometrists **MUST** maintain a summary record of all procedures for individual patients on the specifically designed audit form.
18. Where possible inappropriate referrals have been identified, the accredited optometrist will work with NHS Swindon and secondary care colleagues to improve appropriateness of referrals in the future.
19. Accredited optometrists **SHOULD** audit their own referrals for the purposes of personal development.

Swindon Glaucoma IOP Referral Refinement Form Guidelines

These notes are to be used when completing the Swindon Glaucoma IOP Referral Refinement Forms SWIN1 and SWIN2.

FORM COMPLETION AND DISTRIBUTION

- The referral forms should only be completed by optometrists accredited in the NHS Swindon Glaucoma Referral Refinement scheme.
- The form should only be completed for patients registered with a GP in contract with Swindon PCT.
- All sections must be completed. An incomplete or illegible form may be returned for clarification, may delay payment and may result in delayed referral for the patient.
- In the section '**Is the patient to be referred**', **Y or N MUST** be circled. This will ensure patients are contacted appropriately.
- The distribution of the completed form, **whether the patient is to be referred or not**, is as follows:
NB: PLEASE NOTE NEW PROCESS – SAME PROCESS FOR PATIENTS 'REFERRED' AND FOR PATIENTS 'NOT REFERRED BUT PAYMENT REQUIRED'.
 1. To the Primary Care Booking Centre (PCBC), at the fax number on the form (or send to Primary Care Booking Centre, NHS Swindon, North Swindon District Centre, Thamesdown Drive, Swindon, SN25 4AN). The PCBC should be phoned (on the phone number on the form) to confirm receipt of your fax. This can be done on a weekly basis, if preferred, to cover all the faxes sent in a week.
 2. Copy to the patient's GP, to enable the GP to forward any information they feel might be helpful, to the PCBC.
 3. Copy to be retained in the patient record kept by the Practice as it will be needed for audit.

REFERRAL CRITERIA

- Patients who are identified by the optometrist as having an Intra-ocular Pressure (IOP) greater than **21 mmHg** after all appropriate and relevant tests have been carried out. (See Referral Refinement section overleaf)
- Ocular Hypertension is the principal cause of the symptoms identified by the optometrist
- Patient is willing to be referred for treatment provided by the NHS

REFERRAL EXCLUSION CRITERIA

- Patients attending a local Eye Clinic for other pathology
- Patients with undiagnosed co-existing pathology, which needs further investigation

Where Ocular Hypertension is not the primary pathology, the normal GP referral route should be followed. Please make this clear in your GOS18/referral letter to the GP.

REFERRAL REFINEMENT GUIDELINES: See Overleaf

REFERRAL REFINEMENT

Form SWIN1 – for patients having a sight test at a practice with an accredited optometrist

Part 1:

Patients who are identified as having an average IOP greater than **21 mmHg** during a standard General Ophthalmic Services or private sight test will have immediate Goldmann Applanation Tonometry (GAT) assuming the optometrist is accredited to provide the service.

Outcomes:

- a. The results are within normal limits and the patient can be discharged. At-risk groups should be monitored at appropriate intervals under General Ophthalmic Services.
- b. Pressure is greater than **31 mmHg in either eye**. Patient is referred to a consultant ophthalmologist.
- c. Pressure is 22-31 mmHg or there is a difference of ≥ 5 mmHg, patient attends for repeat GAT.

Part 2:

Patient attends for repeat Goldmann Applanation Tonometry on a separate occasion.

Outcomes:

- a. The results are within normal limits (Any age with ≤ 21 mmHg, Age 65-79 with 22-24mmHg and Age ≥ 80 with 22-25mmHg) and the patient can be discharged. At risk groups should be monitored at appropriate intervals under General Ophthalmic Services.
- b. The pressure is confirmed as: Age < 65 with > 21 mmHg, Age 65-79 with > 24 mmHg and Age ≥ 80 with > 25 mmHg. The patient is referred to a consultant ophthalmologist.
- c. The pressure is ≤ 21 mmHg with ≥ 5 mmHg difference, consider referral if no explanation.

Form SWIN2 – for patients assessed by an accredited optometrist after referral from an unaccredited optometrist in a different practice

Patients who are identified as having an average IOP greater than 21 mmHg during a standard General Ophthalmic Services or private sight test at a practice with no accredited optometrist, will be assessed by an accredited optometrist in a different practice.

If an optician practice does not have an accredited optometrist, when the Primary Care Booking Centre receives the GOS18 referral, they will send the patient a list of accredited optometrists at other practices in Swindon, asking them to arrange an assessment.

The assessment will comprise of Goldmann Applanation Tonometry (GAT), assess the optic nerve after dilating the pupil, assess and record the visual fields and assess the anterior chamber with Van Herrick's.

Outcomes:

- a. The results are within normal limits and the patient can be discharged. GP and referring optometrist informed of the decision in writing. At-risk groups should be monitored at appropriate intervals under General Ophthalmic Services.
- b. Pressure is greater than 21 mmHg. Patient is referred to a consultant ophthalmologist.
- c. The pressure is ≤ 21 mmHg with ≥ 5 mmHg difference, consider referral if no explanation.
- d. Pressure is ≤ 21 mmHg, however assessments for disc appearance, visual fields and Van Herick's are abnormal. Patient is referred to a consultant ophthalmologist as suspect COAG.