



Primary  
**+** Eyecare

# Pathway and Protocols for treated OHT/Glaucoma Monitoring

## Outline Description

The Glaucoma Monitoring (GM) service is designed to monitor patients with ocular hypertension (OHT) or stable chronic open angle glaucoma (COAG) who are currently being treated or monitored by University Hospital Southampton, in community practice rather than secondary care. This reduces the number of secondary care consultations required for these patients freeing up time for more complex episodes needing intervention.

The GM service allows these patients to be discharged from secondary care and into primary care to be assessed by specialist trained community optometrists and have a virtual review by a suitably qualified practitioner (ophthalmologist/optometrist with a diploma in Glaucoma).

## Purpose of Service

The service utilises the skills of primary care optometrists in community optical practices to provide ongoing monitoring of low/medium risk patients closer to home. Patient care will be improved by:

- Provide a rapid access, high quality service to patients with glaucoma reducing the risk of avoidable blindness
- Providing care closer to home
- Reduce the number of visits the patient makes to secondary care
- Reduce waiting lists and times for appointments
- Provide accurate data about outcomes and patient satisfaction

## Fee

The fee paid to practices for this service is £75 per assessment.

## Discharge to the Service

Patients who are identified as suitable for the service will be discharged to the service from University Hospital Southampton. Patients deemed suitable will fall into one of the two categories below:

1. Stable monitored or treated OHT patients
2. Stable treated chronic open angle glaucoma patients

The patients will be discharged with baseline data and a management plan. The baseline data will include:

- Full patient details including name, address, contact number(s), GP practice.
- Recall Interval that they are currently on at UHS
- Target date of assessment
- Date of last visit at UHS and Reviewer
- POH including diagnosis
- Current Ocular Medication (if on any)
- Allergies
- Visual acuity at last visit for both eyes
- Last recorded intraocular pressures (and peak intraocular pressures) for both eyes
- Central Corneal Thickness for both eyes
- Management Plan/Comments by last reviewer
- Optic Nerve Head & Retinal Nerve Fibre Layer OCT report for both eyes
- Visual Field Plot (Central 24-2) for both eyes

Practices must check the Opera 'Workflow' tab at least weekly for new patient discharges. A practice is required to accept or reject on the Opera platform **within 4 weeks** of the patient being assigned to the practice. It is important that the patient is booked in as close as possible to the target appointment date to ensure timely care.

Once a patient is accepted, **they are the responsibility of the practice** to manage for all aspects of their care within this service including call, recall and managing failure to respond to reminders or attend appointments.

## Appointment

When the patient books an appointment for the GM service patients should be reminded that:

- they may be dilated
- to bring their current spectacles to their appointment

Note: When the patient books an appointment the optical practice may choose to coincide this as the same date as their sight test if the patient so chooses. All the patients entering the service are entitled to a GOS sight test. Some patients who attend for their GM service appointment may choose to have their sight tests elsewhere and this must be respected. It is a condition of remaining in the service that you do not in any way attempt to persuade patients to attend your practice for their sight test if they do not choose to. Mandating the provision of the GM service to attendance for a sight test is not allowed under any circumstance.

## Assessment

When the patient attends for their appointment, the following tests are mandatory (except where not physically possible) (e.g., missing eyes or lack of patient cooperation etc.) or clinically inappropriate:

1. **History and symptoms** (to include current visual status, adherence/compliance to treatment regime and to identify side effects or concerns/difficulties)
2. **Visual Acuity (VA):** Using their current spectacle or pinhole lens
3. **Intraocular pressures (IOP)** using slit-lamp mounted Goldman. The only exception to this is if the patient is physically unable to access the slit lamp, in which case a Perkins tonometer is required.
4. **Visual field assessment** using threshold automated visual field analyser.
5. **Assessment of the optic nerve** using slit lamp biomicroscopy (dilation, if required)
6. **Assessment of the anterior segment** to include peripheral anterior chamber depth using Van Herrick's technique,
7. **Disc imaging:** photograph and Optic Nerve Head and Macular OCT

**Important Note:** an urgent referral is indicated if there is a patient presenting with IOPs >32mmHg as per NICE (NG81) guidelines. Urgent referrals must be sent to emergency eye clinic (eye casualty) via eRS via the OPERA IT platform on the same day of examination.

Please record the tentative outcome of the assessment (Stable/Unstable) on the patient record.

## Outcome of assessment

Following the collection of the data by the optometrist, it will be sent for review by a Glaucoma specialist. You should ensure that the patient understands that their assessment will be reviewed by a glaucoma specialist. It is important to highlight to the patient that they will receive the letter detailing the outcome of their appointment up to six weeks following their appointment. You must not discuss expected outcomes with the patient as this may cause unnecessary stress or worry

should the reviewing clinician disagree. If an urgent referral is required counsel the patient on when they should expect to hear about their referral and what to do if they do not hear within that timescale.

Outcomes of the GM appointment may be:

- Stable - retain within service (see Recall)
- Unstable - routine referral back to secondary care

The community optometrist's role in this pathway is a data-gathering, however, is imperative that you always act in the best interest of the patient. Therefore, if any of the findings from the data gathered need to be acted on and referred, it must be and within an appropriate timescale. This may relate to any non-glaucomatous findings such as a non-glaucomatous visual field defect or an unexplained drop in visual acuity etc. You must ensure that you record any action taken on the patient's clinical care record.

## Recall

All patients must be seen for a full assessment at the initial date and at an ongoing frequency as outlined in their management plan.

Once a patient is due to come back in for their subsequent appointment, you must send at least 2 reminders to each patient. We would advise the first one should be sent 4-6 weeks before they are due (depending on your appointment waiting time etc) and a repeat about 2-3 weeks before they are due.

If the patient does not respond to reminders or repeatedly fails to attend appointments (fails to attend two appointments or more), you must actively discharge these patients back to their GP via written communication (referral letter) to ensure that their care is not compromised.

## Compliance/Accreditations

To participate in the service, optical practices and optometrists must comply with the following conditions:

- Have a General Ophthalmic Services (GOS) contract and optometrists must have an NHS England OPL number.
- Have access to the Opera platform and have completed and uploaded relevant QiO requirements (QiO Level 1 and QiO Infection Control Audit, associated checklist, DSPT Toolkit for Optical Practices and Employers and Public Liability Insurance Certificate)
- The practice must employ at least 1 optometrist who has passed both the theory and practical elements (Level 1 and 2) of the LOCSU/WOPEC Glaucoma Module OR alternatively holds the Professional Certificate in Glaucoma. This requirement is mandated for adequate and continuous provision of the service.

- Optometrists need to have completed Safeguarding Level 2 for Adults and Children, uploaded a DBS certificate (on annual renewal) and have valid professional indemnity insurance in place.

## Equipment

All practices participating in the service must have the following equipment:

- Access to the internet and so the ability to upload image of visual field plot and OCT scan to Opera.
- Means of indirect ophthalmoscopy (Volk/headset indirect ophthalmoscope)
- Slit Lamp
- Optical Coherence Tomographer (OCT)
- Goldman applanation tonometer/Perkins
- Distance test chart (Snellen/LogMAR) and near test type
- Threshold fields equipment to produce written report
- Appropriate ophthalmic drugs (Mydriatic/Anaesthetic/Staining agent)

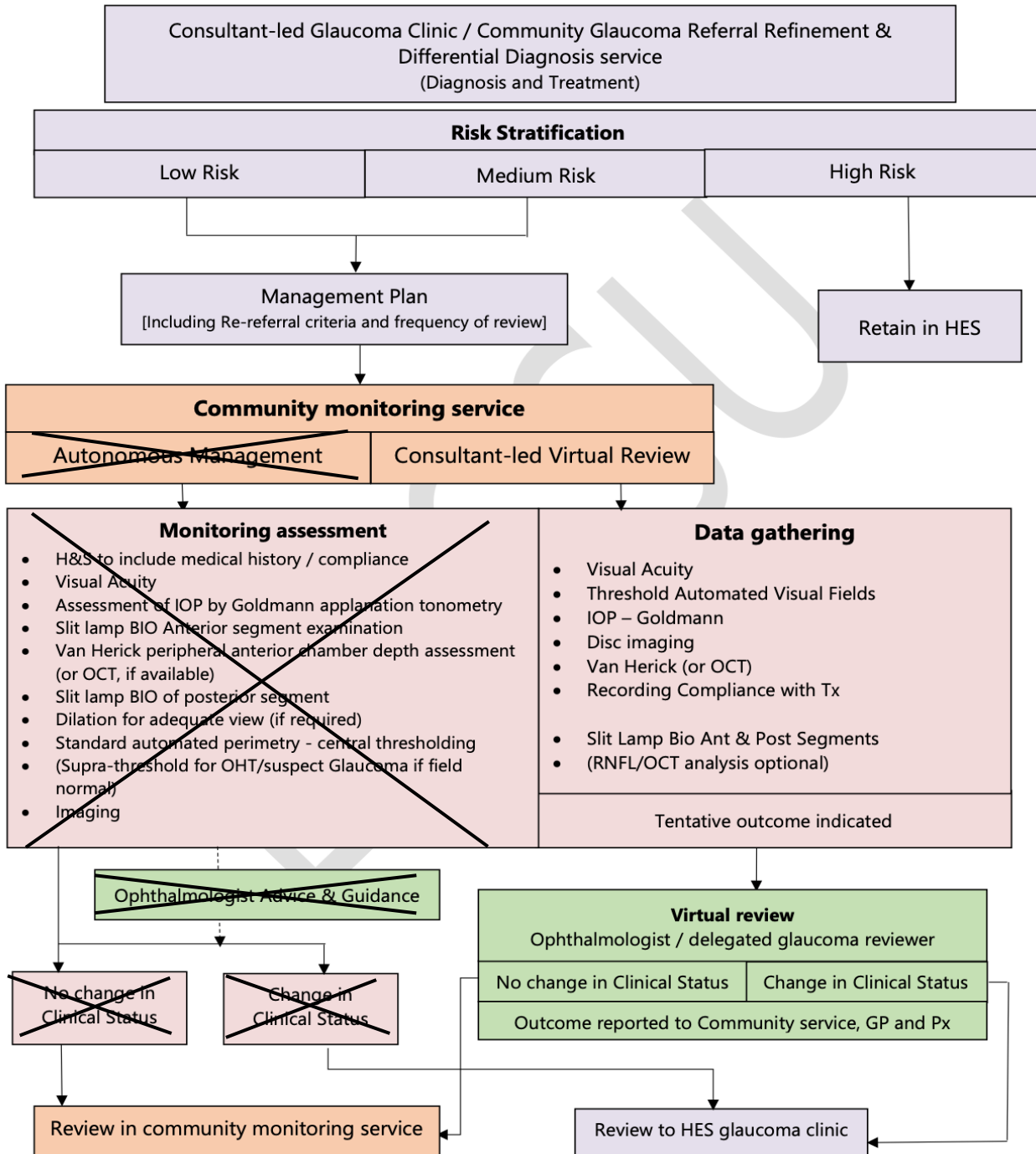
## Patient Feedback Questionnaire

As part of the requirement to monitor this service all providers will be required to collect patient Equality & Diversity Information. Patient Experience Feedback will be received via SMS and other methods in the early days after the patient has completed their episode of care and practice have input the results into the Opera IT platform.



## Glaucoma Monitoring Pathway

**Entrance criteria:** Diagnosis of Ocular Hypertension, Suspect Glaucoma or Glaucoma and considered suitable for community monitoring.





[PATIENT NAME]  
[ADDRESS LINE 1]  
[ADDRESS LINE 2]  
[ADDRESS LINE 3]  
[POSTCODE]

[DATE]

Dear [PATIENT NAME]

**Re: Glaucoma Monitoring in Primary Care Optical Practice**

Following the discharge letter you have been sent by University Hospital Southampton, your care has now been transferred to [PRACTICE NAME and FULL ADDRESS] and

We have arranged an appointment for you on:

.....(DATE)

.....(TIME)

If this appointment is not suitable, please call us on [PRACTICE PHONE NUMBER] to rearrange.

It is important that you attend this appointment so that the status of your condition can be monitored and for appropriate action to be taken to prevent further risk of sight loss. Following your appointment with us, you will receive a letter notifying you of the outcome of the visit as well as a recall date for your next visit with us.

Please make sure that you do not drive to this appointment as we may need to instil eye drops, which can impair your ability to do so for a few hours.

You should still attend your usual optometrist for routine sight testing, which remains important and is separate to glaucoma monitoring. Please take this letter with you to your sight test when due.

Yours sincerely,

[PRACTICE NAME]

*Note: Primary Eyecare Services manages this service in partnership with University Hospital Southampton and local optical practices.*





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