**Leeds Community Ocular Hypertension Monitoring Scheme**

**Amended Protocol and Guidelines Jan 2021**

**Background**

The Leeds Ocular Hypertension Monitoring Scheme (OHTMS) allows for transfer of patients who have been diagnosed with Ocular Hypertension (OHT) from the hospital eye service or community AQP (Any Qualified Provider) to accredited community optometrists for ongoing monitoring.

The transfer of care to the community allows the patients to be seen closer to home, frees up clinic appointments for more complex patients, and better utilizes the skills, and resources available in the community.

The service commenced in 2016, initially for patients who were not on treatment. In 2019, it was agreed that Leeds Teaching Hospitals Trust (LTHT) patients who were stable on topical treatment with no evidence of glaucoma, could also be transferred into the service. In 2020 due to COVID-19 it has been agreed that AQP’s can now send OHT patients to the community optometrists.

All OHTMS providers must hold an OHTMS contract with NHS Leeds CCG

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| ***Inclusion criteria*** |
| 1. Patients diagnosed with OHT (Goldmann IOP=24mmHg or above on at least 2 occasions and with open angles) and who **do not** require treatment as per NICE guidelines NG81\*   (\*i.e. who are not at risk of visual impairment in their lifetime)  2. Patients diagnosed with OHT who **are** on IOP lowering drops, but whose treated IOP is within the target IOP, and are tolerant of the treatment.  3. Patients with pseudoexfoliation syndrome or pigment dispersion syndrome **(with no evidence of glaucoma)** as per NICE guidelines.  4. Patient must be registered with a Leeds GP. |
| ***Exclusion criteria*** |
| 1. Primary open angle glaucoma (including pseudoexfoliation glaucoma or pigment dispersion glaucoma)  2. Diagnosis of glaucoma or suspect glaucoma  3. Raised IOP with anterior angles in danger of closing |

**Administrative procedure**

1. Following a full glaucoma assessment, patients with a diagnosis of OHT, and that fall within the inclusion criteria, are identified for transfer onto the OHTMS.

2. The patient is allocated to an accredited OHTMS provider, usually the closest provider to the patient or a provider previously selected by the patient. A record is kept of this provider

3. The patient is sent a letter (by designated OHTMS admin staff) explaining the new OHTMS scheme and giving the details of the OHTMS provider that will be taking over their care. A list of accredited participating community optometrists is attached to the letter, should they wish to choose an alternative provider. A contact number for the discharging provider is included for patient queries.

While patients are NOT offered the choice to remain with their current provider, they may be allowed to remain if there are reasonable concerns about transfer to the OHTMS. Eligible patients should not be kept within the LTHT or AQP service without an appropriate reason.

4. The selected OHTMS provider is sent notification of the transfer of care with a copy of the latest clinical findings, to include:

- diagnosis, current treatment, IOPs (target pressures where appropriate), gonioscopy/angle depth, central corneal thickness.

5. The GP is informed of the transfer of the patient along with the name of the designated optometrist in a clinic letter.

6. The nominated community optometrist contacts the patient advising them that they will be notified of their OHTMS appointment in 12 months.

7. The community optometrist will send for the patient 12 months after their most recent review and every 12 months (or appropriate review as per NICE guidelines) thereafter and undertake the review appointment (see below).

**Clinical procedure for OHTMS review**

* Ask regarding new or worsening symptoms and compliance with drops if these have been prescribed
* Visual acuity
* **Suprathreshold or threshold** standard automated perimetry.
* Goldmann applanation tonometry (Perkins only if unable to position patient at a slit lamp)
* Van Hericks peripheral anterior chamber depth assessment or anterior segment OCT if available
* Slit lamp/Volk optic disc assessment with dilation for an adequate view if required
* Disc OCT (only if available)

**The possible outcomes are:**

1. No change to OHT status – based on NICE Guidelines and review 12 months (or as appropriate). Advise to continue current treatment if appropriate.
2. Change in OHT status**\*** based on NICE guidelines and risk of progression to COAG - refer patient **direct** to a glaucoma specialist service providing all relevant information (copy to GP)

(\*increased IOP to a level where new/additional/change of treatment is indicated, confirmed glaucomatous visual field defect or suspicious discs, IOPs are not within the target set, or problems with drops)

1. No change to OHT status for 5 years without medication – discharged.

**Criteria for referral back to hospital eye service or AQP**

* Significant rise in IOP which may indicate that treatment is now required for those currently not on treatment (as per NICE guidelines NG81) or an IOP of 30mmHg or above
* IOP outside target pressure (if set), or above 24mmHg, for treated OHT
* Confirmed glaucomatous visual field defect
* Change in optic disc appearance
* Clinical need for repeat gonioscopy
* Any other indication of a change in the condition glaucoma service or new condition requiring specialist opinion e.g. Cataract, AMD, low vision aid assessment (using the appropriate pathway)

**Post examination procedure**

* Complete the OHTMS outcome form – ***3 copies -GP/optometrist/patient***
* Ensure a system is in place to recall the patient for their next visit
* Record activity on Leeds CCG Enhanced Services template.
* Activity templates and corresponding invoices should be sent to the NHS Leeds CCG at the end of each month.

**Accreditation for OHTMS**

Practices/contractors are now responsible for ensuring individual **optometrists** providing the service are accredited to Glaucoma Level 2. Practitioners become accredited by:

* Completing the 4 on-line WOPEC glaucoma modules **and** previous attendance at a Leeds LOC OHTMS course **or** completing the WOPEC practical assessment
* **Or** College Professional Certificate in glaucoma, **or** College Higher Certificate in glaucoma, **or** College Diploma in Glaucoma Part A
* **Or** above enrolment in a similar scheme elsewhere on a case by case basis
* **Or** evidence of experience working in a glaucoma clinic

The same Level 2 accreditation also allows the practice/practitioner to provide the community Enhanced Case Finding Service for glaucoma

**Equipment requirements for OHTMS**

* Equipment for measuring visual acuity
* Slit lamp biomicrosope
* Goldmann applanation tonometer (Perkins can only be used if unable to position patient at a slit lamp)
* Volk lens or other means of stereoscopic disc assessment.
* Automated visual fields equipment capable of producing a printed report

**Administrative matters**

**The patient has not responded to repeated requests to make initial OHTMS appointment with community optometrist**

* Notify the GP to encourage the patient to book an appointment to attend

**DNAs on OHTMS appointments**

* Patient is contacted by phone/mail by community optometrist and offered a second appointment
* After 2 DNAs patient is discharged to their GP.
* The CCG gets 3 monthly reports from AQP of those discharged to OHTMS

**Staffing issues - Accredited optometrist leaves the practice and no OHTMS accredited practitioner remains, or practice no longer can provide an OHTMS service**

* Practice notifies the patient and offers choice to another OHTMS accredited provider and sends last clinical report to the new OHTMS provider ***(an up to date list of accredited providers will be available on the Leeds LOC website)***
* Practice notifies the GP of the new OHTMS provider
* Practice notifies the CCG that they can no longer offer OHTMS.

Please direct any queries about the OHTMS service to [leedsloc@gmail.com](mailto:leedsloc@gmail.com) or NHS Leeds CCG. Do not contact LTHT/AQP directly.