

September 2023

Glaucoma Enhanced Case Finding Service (GECF) Pathway & Protocols

V1.0



Purpose of Service

The aim of the Glaucoma Enhanced Case Finding Service (GECF) is to use the skills of accredited primary care clinicians to confirm the risk of glaucoma or ocular hypertension and thus improve the accuracy of referrals and deflect unnecessary referrals. The service will reduce patient anxiety and increasing capacity issues within the overburdened hospital glaucoma clinics.

This will reduce false positive referrals to the hospital eye service, reducing patient anxiety and increasing capacity within the overburdened hospital glaucoma clinics. This should provide a more cost-effective service with a greater number of patients managed within the primary care setting.

- Provide a rapid access, high quality service to patients
- Reduce the number of false positive referrals to secondary care
- Reduce waiting lists
- Improve the quality of referrals
- Support care closer to home
- Provide accurate data about outcomes and patient satisfaction

Description

This Glaucoma Enhanced Case Finding Service (GECF) is for patients with signs suspicious of glaucoma who aren't suitable for the Glaucoma Repeat Reading Service (GRR).

The service will detect glaucoma or glaucoma suspect status or ocular hypertension by carrying out each of the following assessments:

- Visual Field Assessment - central visual field assessment using standard automated perimetry (full threshold or supra-threshold)
- Assessment of the optic nerve head – Dilated optic nerve assessment and fundus examination using stereoscopic slit lamp biomicroscopy
- Intraocular pressure (IOP) measurement - using slit-lamp mounted Goldmann applanation tonometry or Perkins applanation tonometry
- Assessment of the anterior chamber - peripheral anterior chamber configuration and depth assessments using the van Herick test.
- History taking to include questioning to identify risk factors associated with glaucoma.

Optionally practitioners may also decide to carry out:

- Central corneal thickness measurement via any available method (e.g., Pachymeter / OCT)
- OCT examination of optic nerve head and NFL

Outcomes

Refer to Hospital Eye Service for diagnosis and management, if:

- IOP 24mmHg or more (consider urgency if IOP 32mmHg or more)
- Glaucomatous type visual field defect confirmed
- Damage / suspicious Optic Nerve Head
- Narrow anterior chamber angle – primary angle closure suspected – please note the change in PACS guidance 2022

https://www.college-optometrists.org/clinical-guidance/clinical-management-guidelines/primaryangleclosure_primaryangleclosureglaucoma_pa

Discharge. If the suspicious findings are not repeatable, discharge and advise to continue regular visits to their primary eye care professional, with a written outcome of assessment to referring optometrist or given to patient to give to regular optometrist.

Equality Monitoring & Patient Experience Feedback

As part of the requirement to monitor this service all providers will be required to collect patient feedback and Equality & Diversity information. Patient Experience Feedback will be received via SMS, email or via paper form following completion of the episode of care by the practitioner onto the OPERA platform

Equipment

All practices contracted to supply the service will be expected to employ an accredited practitioner and have the following equipment available.

- Access to the Internet
 - Means of indirect ophthalmoscopy (Volk/headset indirect ophthalmoscope suitable for disc examination)
 - Slit lamp
 - Applanation Tonometer (Goldmann or Perkins style)
 - Distance test chart (Snellen/LogMar) / Near test type
 - Full Threshold fields equipment to produce a printed report (not FDT)
 - Appropriate ophthalmic drugs
 - Mydriatic / Anaesthetic / Staining agents
-

Competencies

All participating practitioners will have the core competencies as defined by the GOC and must meet the local accreditation requirements as below:

- WOPEC Glaucoma level 2 (OSCE required)
- Safeguarding training. For optometrists this is the DOCET Level 2 Children's and Level 2 Adult's Safeguarding Certificate.

In addition, all practitioners must have a valid Enhanced DBS (Disclosure and Barring) certificate with the update service.

Participating practitioners will also be expected to keep their knowledge and skills up to date and complete all necessary CPD.



Waulk Mill (2.3)
51 Bengal Street
Manchester
M4 6LN

0330 128 1544
info@primaryeyecare.co.uk
primaryeyecare.co.uk