

# West Yorkshire

## Glaucoma Enhanced Referral Refinement

### Proof of Concept Pilot



Last year we secured a small amount of funding through HEE for a **proof-of-concept pilot for a Glaucoma Enhanced Referral Refinement service**, and earlier in the year we wrote out to all optometry practices inviting them to participate.

**Our aim being**, to reduce unnecessary demand into hospital eye services and expand on the current Glaucoma Repeat Measures service and include a Glaucoma Enhanced Referral Refinement (GERR) pilot to enable Optometrists with the required higher qualifications and experience to diagnose patients with Ocular Hypertension and Glaucoma suspect and onward refer appropriately to current primary care pathways and the hospital eye service.

**It is GOOD NEWS!**

**We have 11 Optometrists across 9 practices within West Yorkshire keen to support the pilot (2 Bradford, 1 Calderdale, 2 Kirklees, 3 Leeds, 1 Wakefield).**

We have engaged with all LOCs and pilot practices to discuss through the service specification, operations of the pilot and governance requirements.

The piloting practices will receive referrals and submit clinical assessment information and outcomes through EyeV (our West Yorkshire eye care electronic referral system). The pilot practices will also use the system to refer the patient to the chosen hospital eye service for treatment, refer the patient into an Ocular Hypertension monitoring enhanced scheme or return the patient back to a routine sight test pathway.

**The default once the patient is through the pilot, would be referral back to the referring practice.**

## What do we need from our Optometry community?

We have a limited time to run the pilot, commencing **Monday 4<sup>th</sup> November 2024 to Monday 31<sup>st</sup> March 2025**.

We are keen for all optometrists to refer appropriate patients to our pilot practices for a Glaucoma Enhanced Referral Refinement assessment.

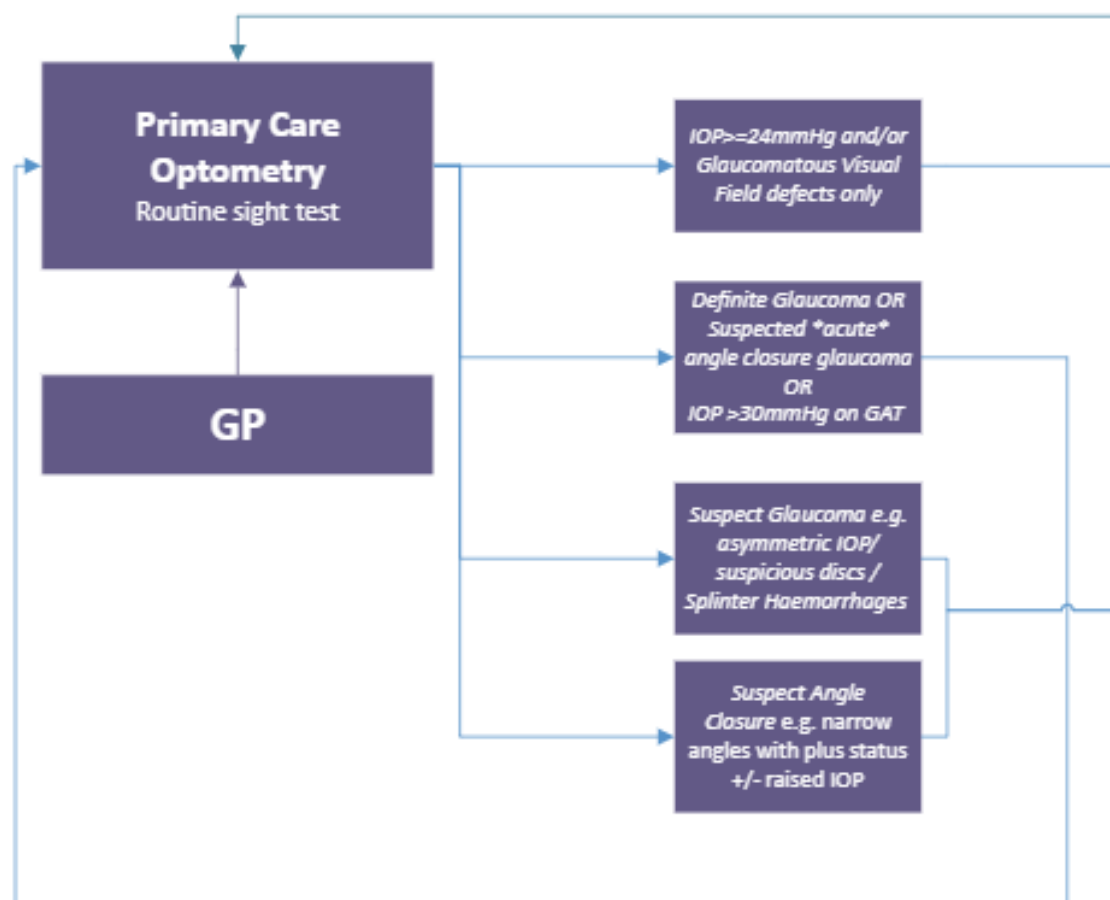
## Pathway criteria for referral into GERR pilot

Following a routine sight test ALL Optometrists will determine the appropriate route for the patient as per current enhanced commissioned pathways:

- **Level 1 – Glaucoma Repeat Measures GRM** (the simplest form of filtering)
  - within optometry core competencies, Optometrists can provide this service:
    - (IOP) Intra ocular Pressure is found to be 24mmHg or higher
    - (VFD) Visual Field Defect is detected
    - Or both
  - Optometry practices who detect raised IOP (greater or equal to 24mmHg) during a routine sight test or suspicious visual field defects (or both) the patient should have a Repeat Measures enhanced assessment (by an optometry practice who hold an ICB contract)
  - **Following a Glaucoma Repeat Measures assessment and if abnormal findings detected, where possible, a patient will be referred for a PILOT Glaucoma Enhanced Referral Refinement (GERR) assessment (as per pathway scenarios in the process map)**
  - \*If the patient is not willing to travel to a PILOT practice for this assessment, patients can be referred to the Hospital Eye Service in line with current practice
- **Level 2 – Glaucoma Enhanced Referral Refinement assessment GERR (diagnosis ONLY)** – an Optometrist with the required higher qualifications and experience to provide an enhanced referral refinement assessment to determine whether the following diagnoses are evident:
  - **(OHT) Ocular Hypertension**
  - **Glaucoma suspect**
  - **No evidence of Glaucoma or OHT**
- If a patient requires a **Glaucoma Repeat Measures** assessment following a routine sight test but the Optometry practice **DOES NOT provide this service:**

- ✓ **Where possible, patients will be encouraged to attend and refer to a PILOT practice for a GERR assessment** as appropriate (these patients will miss out the Glaucoma Repeat Measures (GRM) commissioned service)
  - ✓ **If the patient is not willing to travel to a GERR PILOT practice** for this assessment, patients will be referred to the Hospital Eye Service in line with current practice
- **Referral to Hospital Eye Service (HES)** – patients can be referred following a routine sight test directly to the HES if:
    - Definite Glaucoma
    - Suspected Acute Angle Closure Glaucoma
    - IOP > 30mmHg on GAT
    - refer to pathway map 2

#### WY Proof of Concept Glaucoma Pilot - Enhanced Optical Service



## Two methods to refer to a GERR pilot practice:

1. **via EyeV** (if the practice IS onboarded with the EyeV system)
  - select the GERR pilot from the directory of service on the main list (where all providers / SPoA options are listed)
  - Complete the referral form OR upload your own PDF in the usual way
  - **A new feature will now be evident on the EyeV platform** – once you have completed your referral form, please refer to the geographical map which includes all the GERR practices sites. Click on the site the patient would like to be referred to. This will then transfer into the 'referral destination' box and be sent into a dedicated GERR worklist at the chosen pilot site.

Referral destination \*

\*\*DONOTUSE WY GERR PILOT Test 1

WY GERR Pilot Practices  
Cillian Griffiths

How quickly does the patient need to be seen? \*

Routine

Referral reason \*

Glaucoma

- You will be informed via email and your dedicated tracker will contain updated comments on the successful delivery, receipt and triage outcomes.
- Once the patient has been seen, GERR clinical assessment information, diagnostic tests and outcomes on the required pathway the patient requires will appear on your tracker (test patient example) within the comments section and via your dedicated email inbox
  - Scenarios:
    - **If the patient is discharged from the GERR pilot back into the care of the referring practice for a routine sight test pathway** – your tracker 'comments' section will update to inform you of this and an accessible PDF with the clinical assessment information and diagnostic tests for your record (a hyperlink within the document, please click and they will load up)
    - **If the patient is discharged from the GERR pilot back into the care of the referring practice for an Ocular hypertension**

**monitoring pathway provided by the referring practice** – your tracker ‘comments’ section will update to inform you of this and an accessible PDF with the clinical assessment information and diagnostic tests for your record (a hyperlink within the document, please click and they will load up)

- If the patient is discharged from the GERR pilot back into the care of the referring practice for an Ocular hypertension monitoring pathway **BUT THE REFERRING PRACTICE DOES NOT PROVIDE THIS SERVICE** – the pilot practice will offer choice to the patient of where they would prefer to be referred to for this service via the geographical map on EyeV. Your tracker will update to inform you.
- If the patient requires onward referral to the HES, they will do so via EyeV to the patient’s choice NHS Trust

PATIENT REFERRAL LEAFLET | You can view the patient referral leaflet [here](#).

Practice	Name	Date of birth	EyeV ID	NHS Number	e-RS UBRN	Date	Status
Select a practice				9990038759		Start date End date	

SEARCH

Show 25 entries

Patient	Priority	Referral ID	Date Created	Referral Progress	Comments	Referral
Wednesday, Monday (9990038759)	Routine	471706	30/09/2024 18:44	Clinic letter received	Referral accepted by GERR Test 1. Patient seen by Test 1 (Discharge to routine sight test). Clinical episode: <a href="https://ney-eers.eyev.health/pdf/5edb4da85e4c5/471713/download/">https://ney-eers.eyev.health/pdf/5edb4da85e4c5/471713/download/</a>	<a href="#">View</a>

Showing 1 to 1 of 1 entries

Previous 1 Next

2. **via email** (if the practice is NOT onboarded with the EyeV system)

- send referrals via **nhs.mail** to [wy.gerr.pilot@eyev.health](mailto:wy.gerr.pilot@eyev.health)
- **NON nhs.mail accounts MUST NOT BE USED**
- practices will need to write **GERR referral [secure]** somewhere in the subject line
- practices will need to state the patient's choice of GERR pilot practice in the main body of the email
- ensure the referring name, practice, telephone number is included in the email
- practices will need to attach their GOS18 or Repeat Measures referral form with any visual fields and OCT tests undertaken to the email
- the EyeV platform will link with the dedicated GERR email address [wy.gerr.pilot@eyev.health](mailto:wy.gerr.pilot@eyev.health) and automatically send it to the chosen GERR pilot practice requesting an assessment
- You will receive an email confirmation that your referral has been delivered and received by the pilot practice
- GERR pilot assessment outcomes will be emailed back to referring practices
- Scenarios:
  - **If the patient is discharged from the GERR pilot back into the care of the referring practice for a routine sight test pathway** – an email will be sent to you from EyeV along with the clinical assessment information and diagnostic tests (a hyperlink within the document, please click and they will load up)
  - **If the patient is discharged from the GERR pilot back into the care of the referring practice for an Ocular hypertension monitoring pathway provided by the referring practice** – an email will be sent to you from EyeV along with the clinical assessment information and diagnostic tests (a hyperlink within the document, please click and they will load up)
  - **If the patient is discharged from the GERR pilot back into the care of the referring practice for an Ocular hypertension monitoring pathway BUT THE REFERRING PRACTICE DOES NOT PROVIDE THIS SERVICE – it will be the responsibility of the GERR pilot practice to refer the patient to a practice that does via the geographical map within EyeV only. Practices NOT onboarded with EyeV (if not the referring practice, will not be able to receive referrals for OHT monitoring)**
  - **If the patient requires onward referral to the HES, they will do so via EyeV to the patient's choice NHS Trust**

Please refer to the **video demo** on how to undertake the above via the links provided below

## Instructional Videos

As part of the GERR pilot - practices are able to refer into the Pilot Scheme via EyeV. We have prepared a number of video tutorials to explain the process. We will add more instructional videos by request as the pilot progresses.

**As an optometry practice (which is registered with EyeV), how to refer into a Pilot**

**Practice:** <https://www.loom.com/share/bcd108cd3ccb4c839a1f7f668dd51708?sid=ed17bc8c-657a-49e3-ae31-a5d712351d38>

**As an optometry practice (which is not registered with EyeV), how to refer into a Pilot**

**Practice:** <https://www.loom.com/share/ea70f5c3590f4862801894aee4494bff?sid=1db36846-7092-4516-a4bb-c95af2bc56bb>

**As a GERR pilot practice, how to receive an inbound referral from the**

**scheme:** <https://www.loom.com/share/0f81997d23874d92b7d3ed1df4dd53a3?sid=88e5cc58-e79e-4118-ac42-254ada2e25aa>

**As a GERR pilot practice, how to record a clinical**

**episode:** <https://www.loom.com/share/ad51fdfad66143d5bccb63a32fe517d7?sid=cfd55cd1-cb21-4ad4-abcc-5dbbcfdb2645>

## Who are our participating GERR pilot practices and Optometrists?

GERR Optometrist	Practice
Mohammed Ahsar	Middleton Opticians, 4 Middleton Park Circus, Middleton, LS10 4LU
Alexander Swystun & Habiba Bham	Batley Eyecare, 111 Upper Commercial Street, Batley, WF17 5DQ
Alexander Swystun	Specsavers Huddersfield, 18 Market Street, Huddersfield, HD1 2ET
Shaban Hussain	Airedale Opticians, 50 Towngate, Keighley, BD21 3QE
Aziz Qamar	Bayfields Opticians Yeadon, 93 High street, Leeds, LS19 7TA
Ruth Hogan	Roy Foster Opticians, 22 Fair Rd, Wibsey, Bradford BD6 1QN 01274 604639
Paul Appleson & Ann Barrett	Appleson Optometrists 43 Market Place, Wetherby LS22 6LN
Irfan Uddin	University Valli Opticians, Ground Floor, Joseph Priestley East Building, University of Huddersfield, Queensgate, Huddersfield, HD1 3DH
Russell Ramsden	Andrew Lomas Optometrist LTD 31 Southgate, Elland, HX5 0BW

We appreciate we do not have substantial geographical coverage at present, but the more patients that can be informed and encouraged to use these pilot practices instead of being referred to the HES, it will support evaluation, lessons learnt and benefits realisation work.



## How to participate?

Colleagues who gain their Glaucoma higher certificate or diploma qualifications after the pilot Go Live, we are keen for you to join in the pilot as long as you already hold an enhanced service contract with the ICB. If this could be you, please use the following link and complete the Google form. Please ensure you fulfil the requirements and have support from the contracting optometry practice owner/Director.

[https://docs.google.com/forms/d/e/1FAIpQLSd4d5tFmkcr5OviV6oNFvnEepTMii27mxB3KChKxs8bPrhTXg/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSd4d5tFmkcr5OviV6oNFvnEepTMii27mxB3KChKxs8bPrhTXg/viewform?usp=sf_link)

## Hold the required qualifications:

- Glaucoma higher certificate
- Glaucoma Diploma

## Additional equipment: (all need to be provided by the practice to participate)

- OCT
- Threshold Visual Fields (Humphrey preferred)
- Pachymetry – handheld or via OCT machine
- Gonio lens

## In line with NICE requirements:

### 1.6.4

Healthcare professionals involved in the diagnosis of OHT and COAG suspect status, and preliminary identification of COAG, should be trained in case detection and [referral refinement](#) and be able to identify abnormalities based on relevant clinical tests and assessments. They should understand the principles of diagnosis of OHT and COAG and be able to perform and interpret all the following:

- medical and ocular history
- differential diagnosis
- Goldmann applanation tonometry (slit lamp mounted)
- standard automated perimetry (central thresholding test)
- central supra-threshold perimetry
- stereoscopic slit lamp biomicroscopic examination of anterior segment
- examination of the posterior segment using slit lamp binocular indirect ophthalmoscopy
- gonioscopy
- van Herick peripheral anterior chamber depth assessment
- CCT measurement. [2009]
- [Recommendations | Glaucoma: diagnosis and management | Guidance | NICE](#)





## **Post GERR pilot**

We will conduct a benefits realisation and lessons learnt evaluation through the Eye Care clinical network and hope this will evidence support to continue the expansion of optometry enhanced service provision.

## **Thank you!**

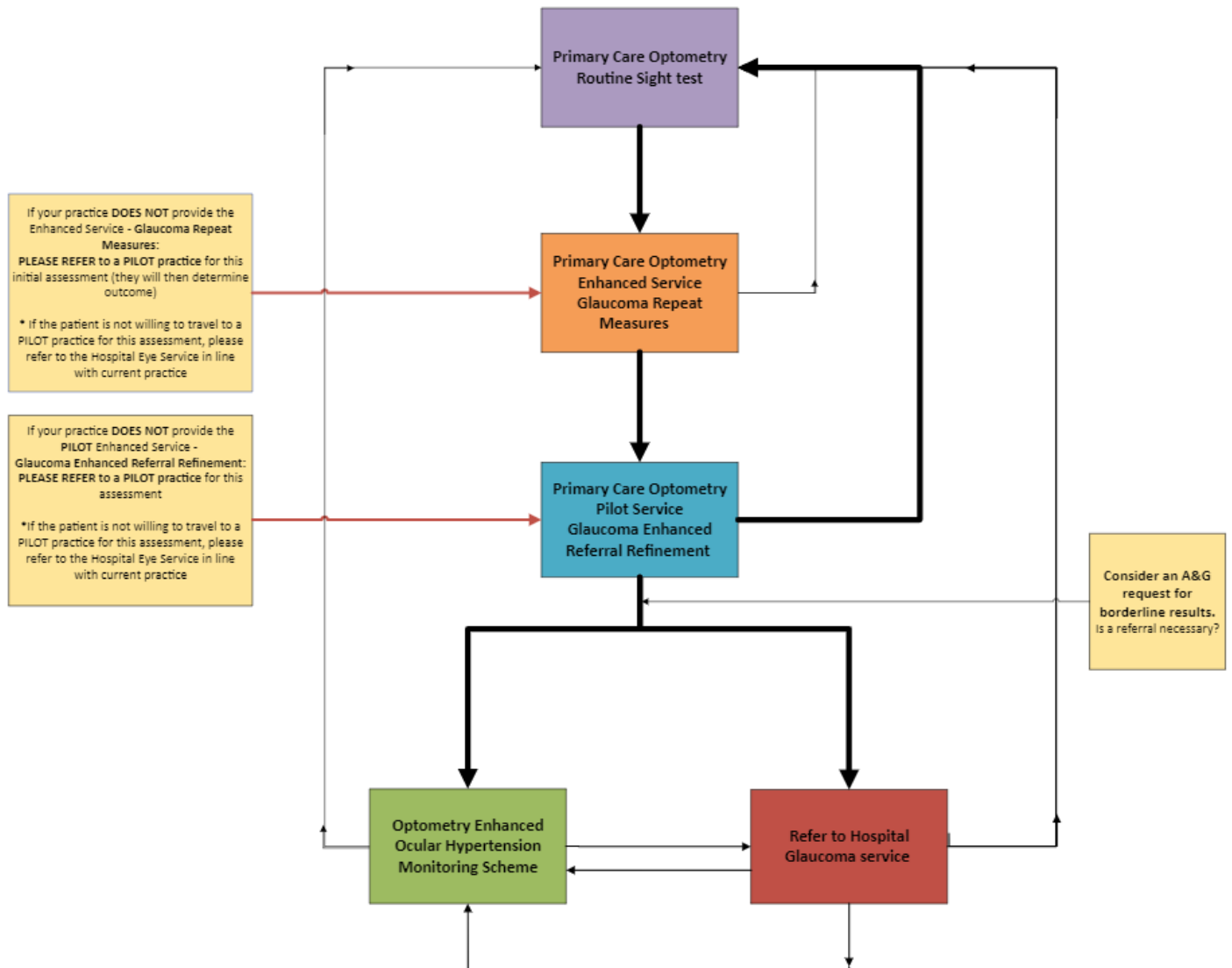
A big thank you to our participating pilot practices, LOC's, eye care network and ICB teams for your support through our planning and preparation to Go Live.

A special thanks to those optometry colleagues who have also worked with us and the EyeV team to design the new GERR referral form and took part in the EyeV testing to ensure our operational pathways were optimum and user friendly.

Everyone's support and collaborative effort is much appreciated and we look forward to the evaluation outcomes.

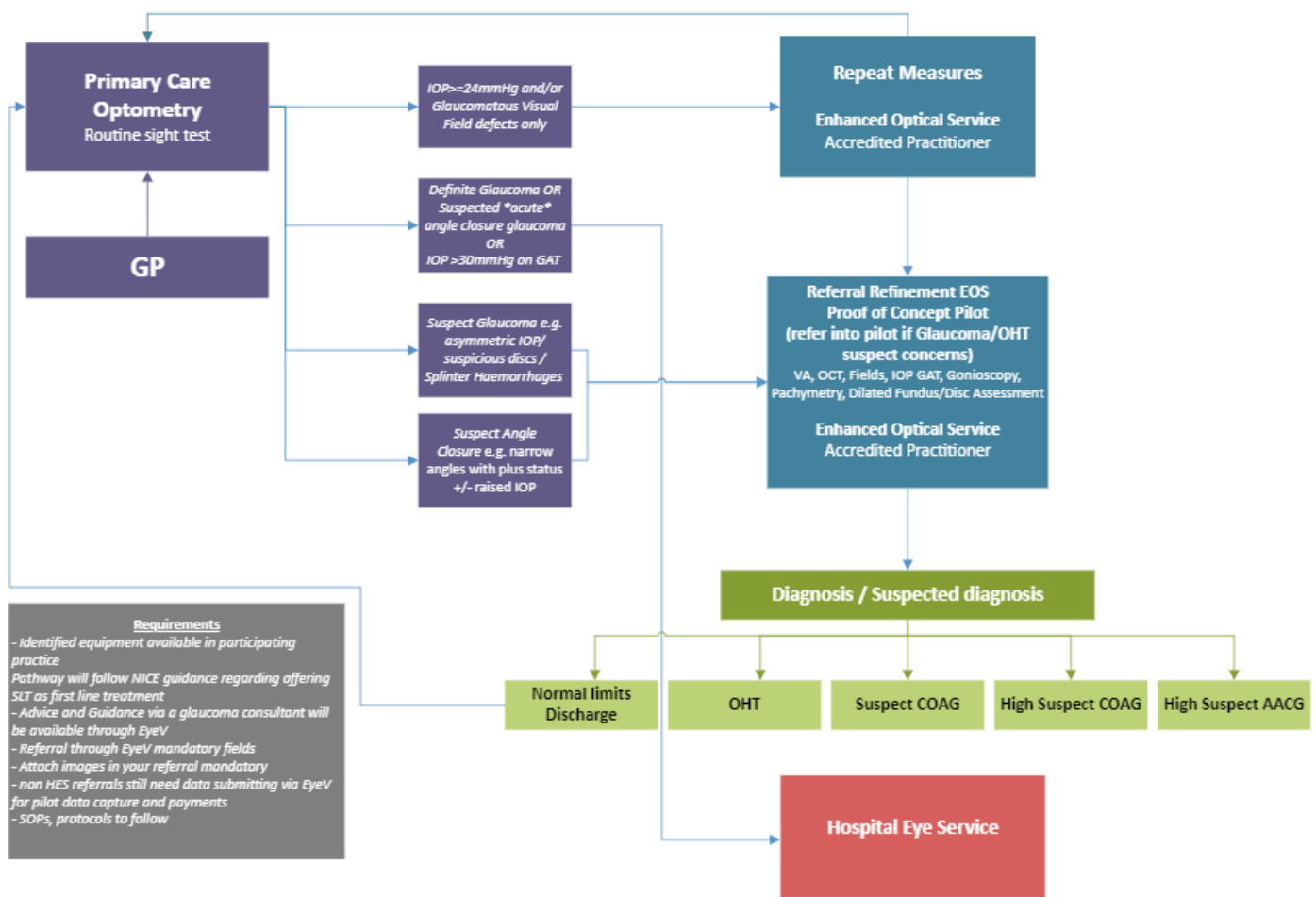
## GERR pilot process maps

Please find a flow chart below regarding referring scenarios into the pilot

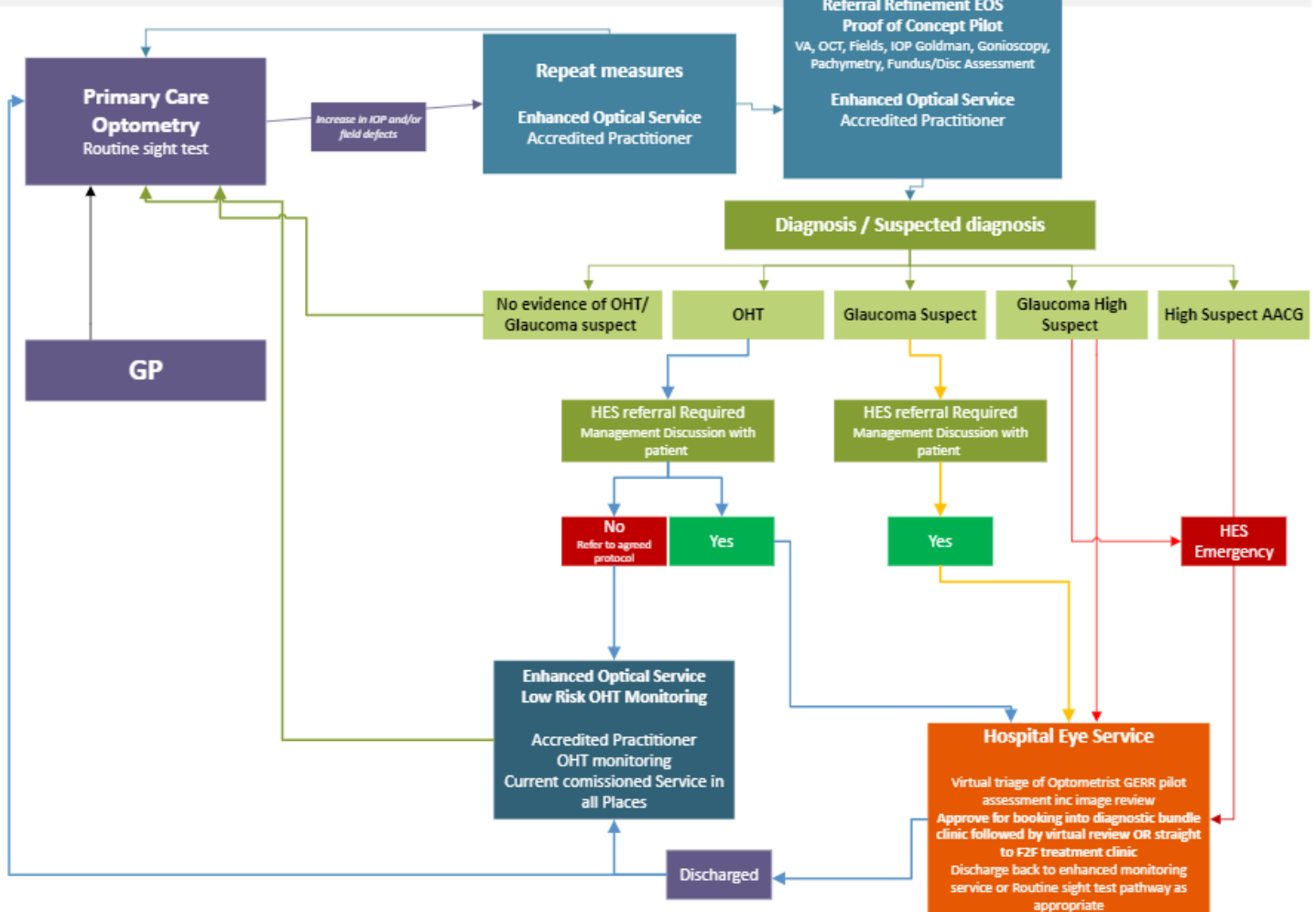


The pathway below represents the patient journey following an Optometry routine sight test and their findings, travelling through current enhanced optometry services and new GERR pilot or straight through to the hospital eye service

### WY Proof of Concept Glaucoma Pilot - Enhanced Optical Service



WY Proof of Concept Glaucoma Pilot - Enhanced Optical Service



We look forward to collating the benefits realised from this pilot during its operation to support further expansion in the future and share with other ICBs across the NEY region.