

Glaucoma Enhanced Case Finding Service proves its value in Leeds

At a Glance

Challenges:

The introduction of a Diabetic Eye Screening service was driving additional demand for already under-pressure Hospital Eye Services (HES) in the densely populated Leeds region.

Objectives:

Reduce avoidable referrals.

Reduce burden on Hospital Eye Services.

Improve patient experience with a more conveniently located service, shorter waiting times and greater appointment flexibility.

Optimise use of the primary care workforce and estate.

Solution:

Leeds CCG commissioned a Glaucoma Enhanced Case Finding (ECF) Service. Patients over 18 years of age referred from practices not participating in the existing Glaucoma Repeat Measure Service or from the Diabetic Eye Screening Programme (DESP) are seen by accredited optometrists in primary care.

Results:

75% of patients seen for ECF did not require referral to HES.¹

Only 18% of patients referred from the DESP ultimately required HES referral. Patient anxiety has been reduced and burden on HES relieved.

Challenges

Leeds LOC is a relatively large LOC representing around a hundred primary care optical practices, serving a population of 870k².

The introduction of a Diabetic Eye Screening Programme had caused concern over the increased demand for Hospital Eye Services (HES), as Helen Lewis from Leeds CCG explains: “Colleagues from our hospital and community eye services were concerned that the new Diabetic Eye Screening Services were creating additional demand into our very overstretched hospital services for people whose symptoms did not necessarily require referral.”

Building on the successful Glaucoma Repeat Measures service that has been running since 2010, in September 2018 Leeds CCG commissioned a service enhancement, introducing Glaucoma Enhanced Case Findings (ECF). The objectives were to reduce avoidable referrals to Hospital Eye Services (HES) and to improve the patient experience by providing

¹ Leeds LOC initial audit results

² Leeds CCG population data sourced Sept 2020

care closer to home in a more flexible environment, avoiding the stress of a hospital outpatient visit.

The objectives of the service are in line with the NHS Long Term Plan and are as follows:

- a reduction in avoidable referrals
- reduced burden on HES services
- increased convenience for patients, with reduced waiting times and the delivery of care closer to home
- reduced anxiety for the patient
- optimisation of the primary care workforce and estate

Solution

A Glaucoma ECF service enhancement was commissioned. This service improvement follows the LOCSU Glaucoma pathways updated in February 2019 (available to LOCs via locsu.co.uk) and implements NICE recommendations (NG81 Nov 2017): “People planning eye care services should consider commissioning referral filtering services (for example, repeat measures, enhanced case-finding, or referral refinement) for Chronic Open-Angle Glaucoma and related conditions”.

Under the Glaucoma ECF service people, over the age of 18 years, are seen based on the following criteria:

1. Intra-Ocular Pressure readings of 24-31 mmHg with no other signs of Glaucoma and referred by a practice not participating in the existing Glaucoma Repeat Measure service
2. Referred by Diabetic Eye Screening Programme (DESP) having signs suspicious of Glaucoma

ECF appointments take place in primary care with an accredited optometrist and clinical measurements include Goldman Applanation Tonometry (GAT), Anterior Chamber Assessment (Van Herrick), Field test and a dilated stereoscopic examination of the optic nerve head and OCT/imaging, if available.

Any patient found to have optic nerve damage and/or IOP of 24mmHg or more and/or repeatable visual field defect is referred on to the HES for further investigation and diagnosis.

Results

Leeds LOC conducted an audit to evaluate the effectiveness of this service enhancement at reducing the number of avoidable referrals to secondary care. The audit period was Nov 2018-Oct 2019 and included eight practices.

The key results of the audit are:

1. Only 25% of patients seen for ECF were referred on to HES (ie. 75% did not require onward referral)

2. Only 18% of the referrals from DESP were referred on to HES (ie. 82% did not require an onward referral)
3. 0% of patients who were referred for GAT from non-accredited practices were referred on to HES (small sample size)

Patient numbers for audit purposes were low but significant enough to provide a proof of concept to inform the continuation of the service.

“With the support of our LOC we were able to use our skilled local optometrists to provide a refinement service. This provided care closer to home for patients, reassurance for many that they did not need care of a hospital practitioner, and for those who did, quicker access and referral to the right subspecialty. We are very pleased that from a small conversation with the right people we were able to create and embed a local service with such important benefits.”
Helen Lewis, Leeds CCG

These results indicate that a thorough Glaucoma assessment delivered in primary care by accredited optometrists reduces the number of referrals to HES, in turn reducing both waiting times and the burden on the NHS and also reducing patient anxiety and worry. The inclusion of GAT in the service enhancement was notable in its effectiveness at reducing referrals to secondary care

The service enhancement has been well received by both primary and secondary care professionals.

Mr Peter Galloway, Glaucoma Consultant Ophthalmologist at the Leeds Teaching Hospitals NHS Trust said that the service “Makes an essential contribution in reducing referrals and workload.”

Paul Appleson, former chair Leeds LOC added: “The Enhanced Case Finding Service has, reduced unnecessary referrals to the Hospital Eye Service, reduced patient's anxiety about being referred for 'glaucoma' which often is not present, utilised the skills of optometrists in primary care, increased the variety and interest of work for optometrists and dovetailed perfectly with our longer standing IOP refinement scheme.”

Conclusion

The Glaucoma ECF service has alleviated pressure on Hospital Eye Services by avoiding unnecessary referrals. It uses the skills and facilities of Primary Care Optometrists and Practices to deliver an accessible, convenient patient service that reduces anxiety. It is an excellent example of collaboration between primary and secondary eye care services and has been well-received by professionals in all parties.

The initial audit results demonstrate the value of this service enhancement and further audit and service evaluation will be completed during 2020.