Delivering Glaucoma Care in the Community Across Cheshire

At a glance

Optometrists in Cheshire are monitoring stable, low risk, ocular hypertension and glaucoma patients within primary care. Embracing technological advances, this is the first service of its kind to utilise remote virtual management, bridging the primary secondary care divide. Capacity has been released within secondary care. Patient satisfaction is high, and the choice of providers allows care to be delivered closer to home for many patients.

Challenge

Managing the growing demand on Hospital glaucoma services and identifying people who are suitable for monitoring within primary care.

Objective

To ensure patients can access timely follow ups and prevent avoidable sight loss due to waiting times.

Solution

Discharge patients to the monitoring service delivered within primary care.

Result

Within the proof-of-concept period, over 300 episodes of care moved from the hospital to the optometry service, with 93% of patients happy to recommend the new service to friends and family.

Introduction

Glaucoma services nationally are facing unprecedented demand. This is in part due to our aging population but has been exacerbated by the COVID 19 pandemic, creating backlogs and long waits for appointments. In January 2020, the Healthcare Safety Investigation Branch (HSIB) identified there is not adequate resource within Hospital Eye Services (HES) to meet the capacity demands for glaucoma clinics. Following this, the Royal College of Ophthalmologists' have been considering new ways to deliver care and maximise resources available, including primary care optical practices and virtual review clinics.

The National Eyecare Recovery and Transformation Programme published a Glaucoma "how-to" toolkit making recommendations for those planning and providing glaucoma services, advising risk stratification in order to prioritise people most at risk of sight loss and improved utilisation of the eye care workforce in primary care.[1]

Previous studies have shown that up to 22 patients a month suffer permanent sight loss due to delays in accessing routine follow up appointments.[2]

[1] Glaucoma 'How To' – Eye Care Hub – FutureNHS Collaboration Platform

[2] BOSU report shows patients losing sight to follow-up appointment delays | The Royal College of Ophthalmologists (rcophth.ac.uk)

Mid Cheshire Hospital Trust (MCHT) recognised that glaucoma patients identified as being 'low risk' were facing unacceptable long waiting times and worked with Cheshire LOC and Primary Eyecare Services (PES) to co-design and deliver a stable glaucoma and ocular hypertension monitoring service within primary care.

What was done?

Initially the LOC sought to identify practices and professionals who would be interested in delivering this service. A requirement of the glaucoma monitoring service – which follows the LOCSU clinical pathway, found here, – was that practices needed to have an OCT and practitioners must hold WOPEC Glaucoma level 2, or College professional or higher certificates in glaucoma. Interested practices were selected to offer good geographical coverage as patients travel from outlying towns to visit MCHT.

The Trust worked to identify patients appropriate for monitoring within primary care using the Royal College of Ophthalmologists risk stratification process.[3] 278 people were identified; considered suitable for monitoring within primary care. Patients received a letter asking them to choose from a list of participating practices. Information including a summary of the patient's treatment, most recent hospital findings and diagnostic data such as OCT, visual fields and IOPs were then uploaded to OPERA, the IT platform, used to exchange information between the hospital service chosen optometry practice. An electronic notification alerts the Optometrist, who contacts the patient and offers an appointment in accordance with HES recommended review dates.

Initially ten practices were selected to provide a proof of concept with the intention of scaling up the service following the first year. Service evaluation and improvement could be implemented quickly due to the small number of initial practices involved.

Data set for discharge to the Optometry service:

- Patient's name, date of birth and NHS number
- Named lead clinician / clinician performing risk stratification
- Primary and where appropriate, secondary diagnosis and/ or procedure
- Reason for discharge
- Full management plan including follow up arrangements and suggestions for further treatments
- Medication updates
- Visual field plots/OCT scan report or any other supporting clinical information that is appropriate.
- Ophthalmology specialist contact number for ease of communication and query
- Where possible copies of clinical protocols/guidelines relied upon

Data captured in the optometry service including images are uploaded to OPERA and reviewed by a Specialist Glaucoma Optometrist. This service, the first of its kind has final clinical decision making and oversight managed virtually by a specialist interest glaucoma optometrist with access to a glaucoma consultant ophthalmologist for advice and guidance as required.

[3] Designing Glaucoma Care Pathways using GLAUC-STRAT-FAST | The Royal College of Ophthalmologists (rcophth.ac.uk)

Learning From the Proof of Concept

- 300 episodes of care for 278 patients were delivered by optical practice. Note: Some patients had more than one visit due more frequent recall periods recommended within their management plan
- Capacity released within secondary care for people with a diagnosis of glaucoma and at greater risk of sight loss
- Reduced waiting time for patients' annual routine review
- Over 73% of patients suitable to continue within the service
- 21.6% of patients had changes that warranted referral back to secondary care with 20.3% requiring routine referral
- The service identified 13 patients that did not attend. Of these patients 9 patients did not want to attend and 2 had been seen by the hospital already. The hospital trust is aware of this group of patients
- 93.8% of patients rated the service good, very good or excellent and would recommend the service to friends and family
- A staggered discharge of patients to the optometry service helped practices to manage their capacity

Conclusion

Technological advances can enable effective safe glaucoma care delivered within primary eye care. There is both interest and capability within primary care to help meet the growing demand.

The service will continue to build on its success locally with the expansion into more practices across Cheshire, and then beyond into the wider ICS region.