Glaucoma Monitoring Pathway Guideline

The are multiple models of delivery for Glaucoma Monitoring services. For delivery in Primary eye care, the case mix and scope of care will vary depending on the local workforce capability and the level of supervision provided in an integrated care model. It should be noted Optometrists can deliver all levels of glaucoma care if working under the supervision of a consultant.

Care models for delivery in Primary Eye Care, mainly fit into three groups:

- Optometrist-led Monitoring and Management with synchronous review
- Optometrist protocol-led monitoring
- Virtual Clinic in Optical practice with Asynchronous review

For all models, practitioners are expected to consider NICE guidance (NG 81) and the College CMG for glaucoma.
www.nice.org.uk/guidance/ng81
Clinical Management Guidelines - College of Optometrists

Patient identification:

The purpose of identifying, treating and monitoring glaucoma is to preserve a sighted lifetime and so it is essential to identify those at highest risk of sight loss and maintain timely care for all patients with a diagnosis. Following a process of risk stratification, appropriate patients can be safely transferred from a hospital service into a service delivered in primary eye care.

Many local Hospital Glaucoma Services have developed local risk stratification tools and LOCs should work with the Clinical Lead to identify the groups of patients to be transferred to an Optometry service.

Joint College guidance published in April 2022 provides guidance on designing Glaucoma care pathway using GLAU-STRAT-FAST and provides information on the suitability of patients for different care models. See Appendix A

Models of Glaucoma Monitoring in Primary Care

In all models, a multidisciplinary team approach can be adopted in Optometry practice to deliver efficiencies and optimal utilisation of available workforce.

For all monitoring services, it is important to have robust governance and operational processes, including clearly defined patient management plans, quality assurance, recall process with appropriate failsafe and a discharge policy.

Optometrist-led Monitoring and Management, with synchronous review

Under this care model, the Optometrist has the qualification and experience to take responsibility for clinical decision making, including the development of a management plan. Whilst there should be joint clinical leadership, and close working with the hospital glaucoma service, the Optometrist is working autonomously to both monitor and manage the patient transferred to their care, under their own professional qualifications and within their scope of competence. Ophthalmologist advice and guidance can further enhance this model of care.

> ***Management*** *is a clinical process of initiating and reviewing treatment in response to changes in a patient's clinical or disease status. Management may include establishing a management plan.*

Optometrist protocol-led monitoring

Under this model of care the Optometrist is monitoring a patients' condition against a management plan developed by a consultant ophthalmologist, Optometrist or other HCP with the appropriate qualification and experience.
Where there is no clinical change in the patients' condition, the patient can be fully managed within this assessment. Where there is a clinical change, a referral to a specialist service would be needed to validate the change and consider a change to the management plan.

> ***Monitoring*** *is a clinical process of following a patient's condition through time to detect changes in clinical or disease status which may require action. An Optometrist will be monitoring a patients' condition, following their management plan to identify clinical change.*

Virtual Clinic in Optical practice with Asynchronous review

In this care model the Optometrist, Optician or other suitably trained staff member collects the clinical data through assessment. A virtual review of this clinical information is provided by the ophthalmologist or their delegated glaucoma reviewer, clinical outcome determined and reported to the optometry service, patients GP and to the patient.

The delegated glaucoma reviewer could be an optometrist with relevant qualifications and experience working in primary care or working in a hospital setting. The level of delegated responsibility will be determined by the clinical lead ophthalmologist.

It is good practice for the Optometrist overseeing the Virtual clinic in primary care to provide a tentative outcome for the person performing the virtual review to validate and provide feedback. This is an important part of the learning process and can lead to the service evolving into a service whereby the Optometrist takes on decision-making.

Appendix A

Joint College guidance published in April 2022

The guidance states:

- Some patients at very low risk of developing glaucoma (a proportion of patients in G1 – see below Table 1) who do not require monitoring, can be discharged to regular sight tests. This is in line with NICE (NG 81)
- Patients within GLAUC-STRAT-FAST categories G1 to G3 and A1 to A3 are potentially suitable to be monitored using attendances in which clinical data is captured and later reviewed virtually by a clinical decision-maker, so called virtual clinics.

Table 1