# Staffordshire Glaucoma Enhanced Services:

## **A Platform for Eye Care Transformation**



Locally commissioned enhanced eye care services demonstrate how Eye Care Transformation can be achieved through effective use of optometrists' clinical skills and integrated primary-secondary care frameworks. These services provide timely, accessible care, support good clinical outcomes, help prevent vision loss, and can contribute to improved patient quality of life.

Staffordshire Local Optical Committee (LOC), Local Eye Health Network (LEHN), Primary Eyecare Services (PES) and Staffordshire ICB (Integrated Care Board) have collaborated to introduce enhanced eyecare services to reduce avoidable referrals to Hospital Eye Services (HES) by enabling community-based patient management.

Two-year outcome data demonstrates the effectiveness of this model in improving patient care in the community while providing a platform for further transformative services.

### **Background**

• LEHN multi-disciplinary eye stakeholders' group identified Glaucoma as key priority with clinical consensus:

"Help reduce HES backlog, reduce avoidable sight loss through strategic service delivery using referral refinement and specific management pathways in the community"

A two-phase plan agreed:

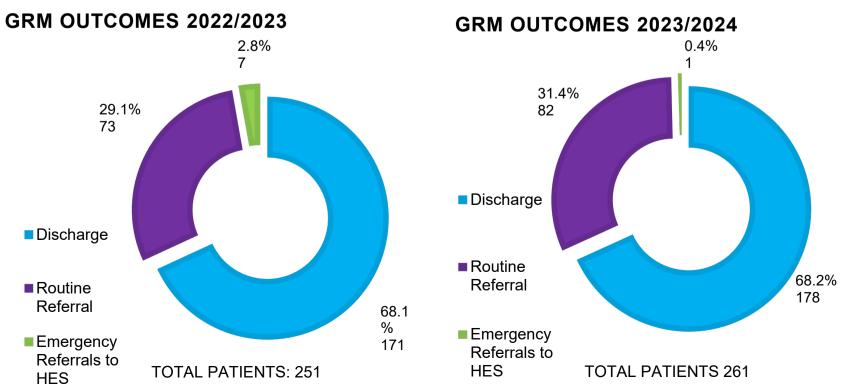
- I. Pathways using optometrist core or extended competencies to manage suitable patients within primary care, reducing HES referrals.
- II. Framework to shift appropriate activity out of HES a transformative services model
  - → Two Glaucoma filtering services were commissioned:
    - 1. Glaucoma Repeat Measures (GRM) 2. Enhanced Case Finding (ECF)

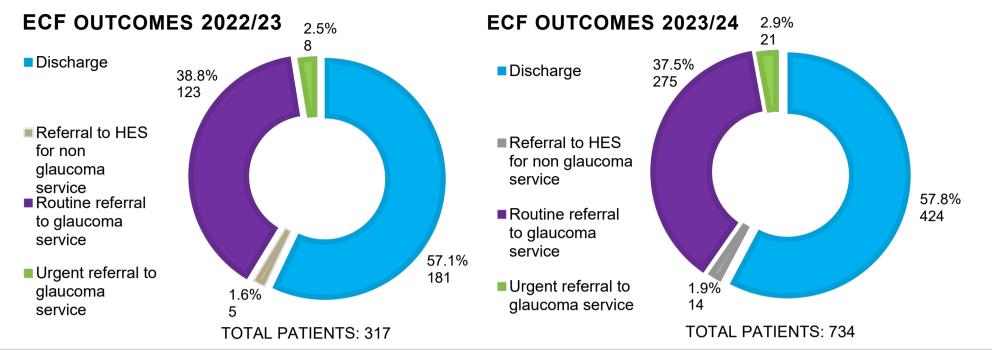
The LOCSU model pathway follows clinical protocols aligned with College of Optometrists clinical management guidelines (CMG) and NICE NG81 compliant. There are local agreements with HES to ensure integration and outcome reporting via PES IT platform.

## **Outputs and Impacts**

#### **Outcomes of Glaucoma Filtering Pathways**

The Glaucoma Repeat Measures (GRM) and Enhanced Case Finding (ECF) have played a vital role in reducing false-positive referrals into secondary care and ensuring timely access for patients requiring specialist input.





#### **GRM and ECF Activity**

Uptake has grown significantly year-on-year, driven by patient need and improved access. This is in line with increasing prevalence of both ocular hypertension and glaucoma (POAG & PACG) with increasing age.

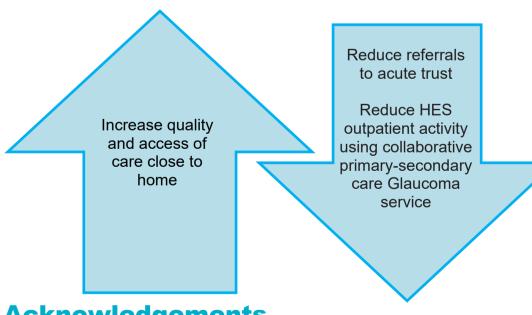
#### **Outcome summary**

The services continue to highlight the value of utilising optometrists' expertise in reducing hospital pressure and delivering care closer to home.

#### Staffordshire Glaucoma Managed Clinical Network (MCN)

- Ongoing collaboration between community optometrists with specialist interest in Glaucoma and local acute trust Glaucoma consultant ophthalmologists
- Quarterly virtual meetings featuring clinical talks with peer case discussions and annual in-person workshop.
- MCN improves service quality through two-way learning, enhanced clinical confidence and provision of feedback to LOC, PES and ICB.

## **Next Steps in Eye Care Transformation**



## **Acknowledgements**

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- Richard Webb (MCN co-ordinator)
- Claire Roberts (Chair, LEHN)

**Working group:** LOC optometry, acute trust clinical & operational leads, ICB & GP leads

#### Features:

- Multi-disciplinary service with focus on 'holistic neighbourhood care' using 'hub and spoke model' with full digital connectivity
- Maximise untapped potential of optometry workforce
- MCN integration into all phase 2 pathways
- College of Optometrists higher qualifications to support different levels of optometrist care
- UK Eye Care Data Hub- to estimate the current eye care workforce and eye disease prevalence or incidence, and to model future trends over time

#### **Supporting Information**

- Data Primary Eyecare Services (PES)
- UK Eye Care Data Hub College of Optometrists
- Clinical Management Guidelines College of Optometrists
- LOCSU Clinical Pathways LOC Support Unit