

Pathway guideline:

Maculopathy Referral Filtering & Monitoring

*updated to align to CUES: COVID-19 Urgent Eyecare Service, published April 2020

An end-to-end service pathway, integrated with the hospital eye service, to deliver referral filtering for people with suspected maculopathy (wet active) and monitoring in primary care for people with a diagnosis of late AMD who require regular monitoring.

Building on the NICE guideline recommendations, this service aims to improve the efficiency and accuracy of case-finding for AMD (wet active), for both new and review patients, and so improve the speed at which people are diagnosed and treated within the hospital eye service, to help prevent loss of sight.

Practitioners are expected to consider NICE Guideline (NG82) published January 2018.

Referral Filtering

For patients who have symptoms or signs suggestive of wet maculopathy.

Patients may self-present, including those with AMD who have identified a change following self-monitoring, or be referred. Referrals may be following a sight test, routine diabetic retinopathy screening or from another health care professional.

*Within a commissioned CUES / adapted minor eye conditions service (MECS), the practitioner performing the initial remote consultation will triage the patient to a practice that is fully able to exclude neovascular disease or otherwise refer to the hospital eye service.

Clinical Examination – all assessments performed on both eyes

To be offered within 48 hours of receiving the referral.

- History and Symptoms
- Visual Acuity
- Optical coherence tomography (OCT) scan of Macula
- Slit-lamp Biomicroscopy or colour photography of posterior pole

*Clinical examination will commence with a remote consultation.

Outcomes:

- **Discharge** – if no abnormalities are detected the patient should be reassured and discharged
- **Discharge and Self-monitoring advice** – people with AMD but in the absence of any signs of wet active changes, can be discharged with self-monitoring advice. However, for patients with visual impairment referral to low vision and ECHO services should be considered. Eligible patients should be offered referral for certification.
- **Urgent Direct Referral** – a fast-track referral directly to the hospital macula clinic is indicated if active wet maculopathy is confirmed. The referral should normally be made within 1 working day but does not need emergency referral.
 - **Direct Referral to the macular clinic for consultant opinion** – If there is any uncertainty on the clinical findings and the Optometrist cannot exclude neovascular disease, further investigation is indicated. *Ideally delivered remotely by ophthalmology advice and guidance.

If a referral is still indicated, appointment prioritisation will be dependent on consultant opinion. The patient should be advised to return if they experience a change in visual symptoms in the meantime.
- **Referral** – If another pathology requiring referral has been identified, local referral protocols should be followed, and appropriate advice given to the patient.

Support and discussion:

Whatever the clinical outcome, it is likely that a discussion regarding AMD will be needed. The discussion should be tailored to the person's individual needs and current level of knowledge allowing enough time to discuss the person's concerns and questions.

Information should also be provided in an accessible format (e.g. written in large print and easy to understand) for the patient to take away or receive electronically. If the patient is being referred, this information should include:

- information about AMD and treatment pathways, including likely timescales
- key contact details – for example, who to contact if appointments need to be altered
- advice about what to do and where to go if vision deteriorates

Self-Monitoring Advice:

Advise all people with AMD, to self-monitor their condition. Monitoring strategies can be discussed and agreed depending on the person's preference.

They should be encouraged to attend routine sight-tests with their usual optometrist.

Information about the referral filtering service should be made available so the person understands how to self-refer into the service if their vision changes.

They should be advised to self-refer as soon as possible if they notice:

- blurred or grey patch in their vision
- straight lines appearing distorted

- objects appearing smaller than normal

Virtual review by ophthalmologist (or delegated reviewer)

A virtual review of all referrals following clinical examination (and a portion of those not referred) will allow for quality assurance and appointment prioritisation, as needed.

The assessment information will be reviewed virtually by an ophthalmologist (or their delegated reviewer) and the results communicated back to the referral filtering service and copied to the patient, their GP and the original referrer.

Within the virtual clinic, the ophthalmologist will prioritise people referred urgently with a view to validating the optometrist's findings and booking the patient directly into a treatment clinic.

Patients referred with inconclusive signs will also be offered a HES appointment, if further investigation is indicated, appointment prioritisation will be dependent on consultant opinion.

Monitoring

Patients with a diagnosis of Late AMD (active) or Late AMD (inactive) require regular monitoring. Patients considered suitable for monitoring in primary care by their referring ophthalmologist will be provided with an individual management plan, to include a date for the monitoring assessment.

Patients considered suitable for self-monitoring by NICE may also be referred for monitoring in this service if the referring ophthalmologist considers self-monitoring unreliable for the individual.

Monitoring assessment – all assessments performed on both eyes

To be performed within two weeks of advised assessment date.

- History and Symptoms
- Optical coherence tomography (OCT) scan of Macula
- Visual Acuity (Ideally LogMAR)
- Slit-lamp Biomicroscopy of posterior pole or colour photography (if OCT appearances are stable, but there is a decline in visual acuity or the person reports a decline in visual function.)

The appointment offers an opportunity to discuss the patient's condition with them, patients should be able to discuss their concerns and questions.

There are two pathway options depending on local arrangements:

- Optometrists with suitable experience may be expected to identify a change in clinical status and advise on the appropriate outcome, providing the necessary support and advice to the patient. Virtual review on a proportion of care episodes will provide the necessary quality assurance.
- Where the Optometrist is working as a data gatherer, they will not discuss the outcome from the assessment with the patient but will advise on next steps and offer general support and advice relating to AMD. All episodes of care will undergo virtual review. To support professional development and build experience, an Optometrist working as a data gatherer, should provide a tentative outcome for the ophthalmologist to ratify.

Outcomes:

- **No change in clinical status** - OCT stable & VA as expected. Recall under current management plan and reiterate advice on self-care and low vision support available locally.
- **Discharge** – The ophthalmologist (or delegated reviewer) advises that continued monitoring can cease.
- **Possible change in clinical status** – OCT stable / Inconclusive, reduced VA and / or Px reported decline in visual function - refer for consultant opinion by virtual review.
- **Confirmed change in clinical status** – Confirmed signs of wet maculopathy on OCT requiring an urgent direct referral - a fast-track referral directly to the hospital macula clinic is indicated if active wet maculopathy is confirmed. The referral should normally be made within 1 working day but does not need emergency referral.

Advise on the need for a sight-test if the patient is complaining of reduced vision but there is no change in their maculopathy clinical status.

Virtual review by ophthalmologist (or delegated reviewer)

The assessment information will be reviewed virtually by an ophthalmologist (or their delegated reviewer) and the results communicated to the patient and copied to the service, their GP and the original referrer.

Patients considered suitable for continued monitoring within primary care will be advised on their next appointment due date and asked to book within the service.

The Optical practice will recall the patient to ensure they are seen within 2 weeks of their assessment due date.

Any patients who fail to attend their monitoring assessment will be contacted and a further appointment arranged. Patients who fail to attend this further appointment will be referred back to the referring ophthalmologist, with a copy of the re-referral letter sent to the Patient and their GP.