

Enhanced Services in Cambridgeshire: Working across Primary and Secondary Care

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Communication Links

- Very close working between Hinchingsbrooke Hospital eye dept and Community optometrists for 10 years
- 2001:Direct cataract referral service commenced
- 2002:Appointment of a community optometrist to work in the hospital eye dept
- 2002:Hospital optometrist at Hinchingsbrooke starts reading and triaging all referral letters into the eye dept.
- 2005:All post-op cataract seen in the community
- 2006:New glaucoma pathways started
- 2008: Direct referral of all eye referrals at the request of GPs

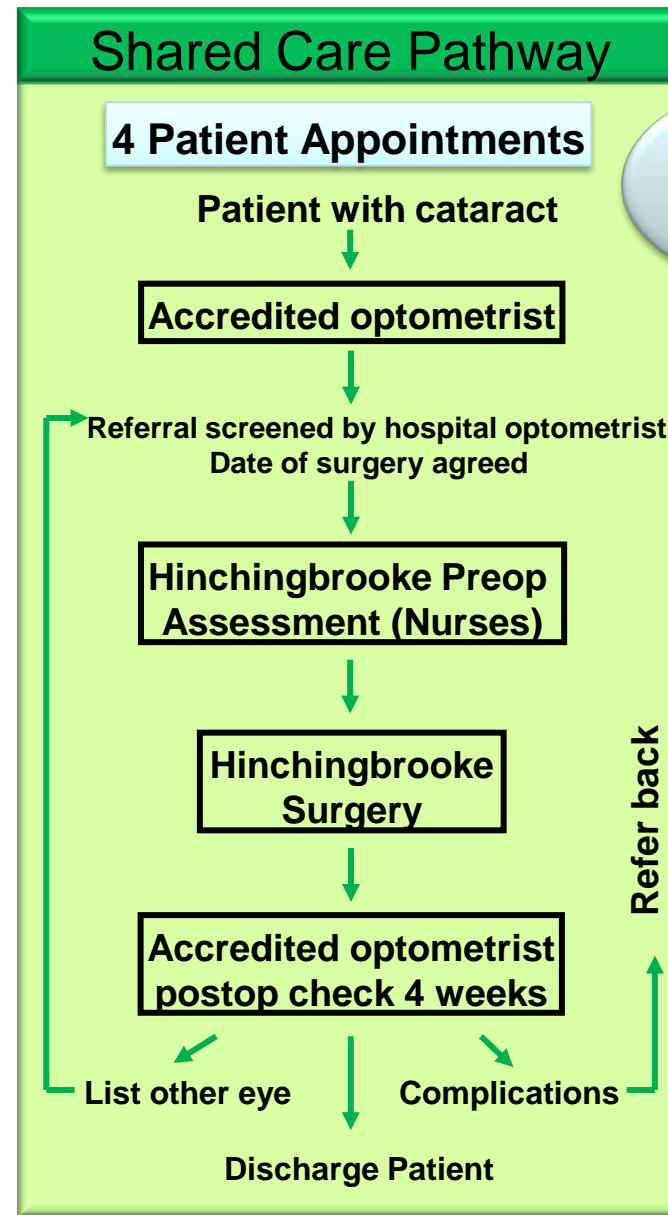
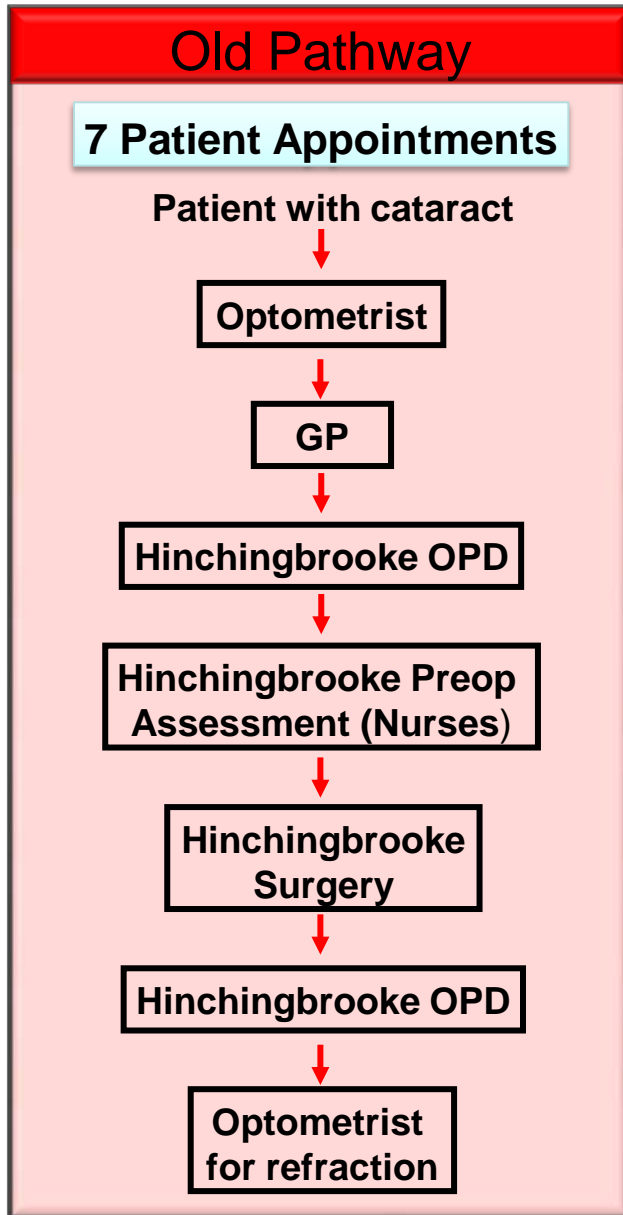
Mutual benefit

- HES, Optometrists, PCT, GPs and PATIENTS benefit
- Cataract pathways
 - Pre-op
 - Post-op
- Referral letters
 - A new referral form
 - Improvement in quality of referrals
 - Increase in feedback from HES to community optoms
- Glaucoma pathways
 - Referral refinement
 - OHT monitoring

Cataract Pathway

- All practices in the area (with the exception of Tesco) have at least one accredited optometrist
- 88% of direct referrals can be listed without a consultant clinic appt
- Every cataract list comprised of 80% directly referred patients
- All patients who have undergone uncomplicated cataract surgery are discharged on the day of surgery to be seen by the community optometrist 1 month post-op
- Optometrist sends back post-op VAs and refractive information to hospital with their invoice

Cataract Pathways



3 Patient
Appts
Saved

Hinchingbrooke Cataract Assessment Form

Patient: _____ DOB: _____
 Address _____ Hosp No: _____
 _____ Post Code _____ Tel: _____
 GP: _____ Optometrist: _____

Pre-Operative assessment Date _____

Right	Visual Acuity	Left
_____	Corrected _____	_____
_____	Pinhole _____	_____
_____	I.O.P. _____	_____
Refraction _____		

Eye conditions: _____

IOL: _____ aim _____ **IOL:** _____ aim _____

Warfarin _____ Diabetes _____

Other med/Rx _____

Allergies _____

Procedure _____ Anaesthetic: _____

Informed Consent

Procedure _____ Date _____


Surgeon _____ Ass/Sup _____

Anaesth: Top IC SubT PB RB

Sedation GA

Anaesthetist: _____

Uncomplicated Procedure Operative difficulties

Incisions Sites: 

CCC Hydro Phaco I&A

IOL: Bag Sulcus Other

Healon IA Wound secure Sutures _____

Medications: _____

IOL Label: _____

1 month assessment Date: _____

Right	Visual Acuity	Left
_____	Unaided _____	_____
_____	Corrected _____	_____
_____	I.O.P. _____	_____

Incision _____ Cornea _____

AC _____ Pup/iris _____

IOL _____ Fundus _____

Problems: No Yes

Action: _____

List other eye Y/N? _____

Followup: Optom 4/52 EyeClinic _____

List other eye Y/N? _____

Information relevant to 2nd Eye Operation:

Spectacle prescription: _____ Date _____

Optometrist details/stamp

Benefits of the pathway

- Frees up clinic appointments for other eye conditions
- Cost benefit to PCT
 - LOC business case 2009 showed a conservative estimate saving of £79,500 pa
- Optometrists benefit from extra ophthalmology training
 - attend annual re-accreditation meeting including lectures on all aspects of ophthalmology
 - Optometrists are welcome to sit in on clinics in the eye dept.
- Increased eye clinic post-op refractive feedback for audit and consultant appraisal and revalidation
- The eye dept. team have got to know the majority of our community optometrists very well
- Patients love it (98% satisfaction in 2011 survey)

Audit Results

- Average 1,500 cataract operations per year
- 94% of patients seen post-op
- 88-90% of patients see an accredited optometrist post op
- 94% post-op best corrected visual acuity collected
- 88-90% post-op refraction data collected

max published best corrected Visual acuity is 73% in UK (P. Jaycock et al 'Eye' Jan 2009 p10-16) and post-op refraction is 62.5% (The Auckland Cataract Study Br J Ophthalmol 2004 August;88(8) 1042-1048)

Referral Letters

- 2008
 - March: local GPs requested that all eye referrals from optometrists should go straight to the Hospital (copy to GP)
 - May: Cambs LOC formulated a new referral form
 - June: Pilot commenced
 - October/November: Lectures on ‘good referral letters’ given to local optometrists by ophthalmologists and AOP representative
 - December pilot rolled out across the area following an audit of the pilot

Advantages of direct referral and the new electronic referral form

- To reduce the time between date of optometrist referral and receipt/triage by the hospital
- To increase the legibility of referral letters
- To increase the feedback to optometrists from the hospital, after their referrals
- To encourage optometrists to inform us of duration of onset of symptoms or whether an asymptomatic finding to enable appropriate triage

New Electronic Referral Form

CAMBRIDGESHIRE OPTOMETRIST REFERRAL FORM

PATIENT		GP		OPTOMETRIST	
Name:		Name:		Name:	
DOB:					
Address		Address		Address	
Tel:		Tel:		Tel:	

Current Rx	Unaided VA	Sph	Cyl	Axis	Prism	VA	Add	Near VA	IOP
Right									
Left									

Previous Rx Date:	Vision	Sph	Cyl	Axis	Prism	VA	Add	Near VA	Previous IOP
Right									
Left									

*I have referred directly / please refer this patient to the following eye dept

*Delete as appropriate

SYMPTOMS and SIGNS	
Symptom Duration:	Asymptomatic Finding: <input type="checkbox"/>

PROVISIONAL DIAGNOSIS	Place a tick in the appropriate box	
	Visual Field Plot attached	Yes <input type="checkbox"/>
Mydriasis	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ACTIONS / RECOMMENDATIONS	Routine <input type="checkbox"/>	Soon <input type="checkbox"/>	Urgent <input type="checkbox"/>

Patient has been informed and referral explained:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Optometrist's Signature:	Date:

GP - Please enter NHS number and attach any relevant information on letter/printout. NHS Number:

Overall impact

- 98% of referrals now result in feedback letter to the referring optometrist (48% with old GOS18 form)
- Over 70% of letters from optom are typed
- 95.5% are deemed appropriate referrals
- 89% do give us duration of onset of symptoms or 'asymptomatic finding'
- 100% give us a provisional diagnosis or reason for referral
- Triage into appropriate specialist clinic

Glaucoma pathway

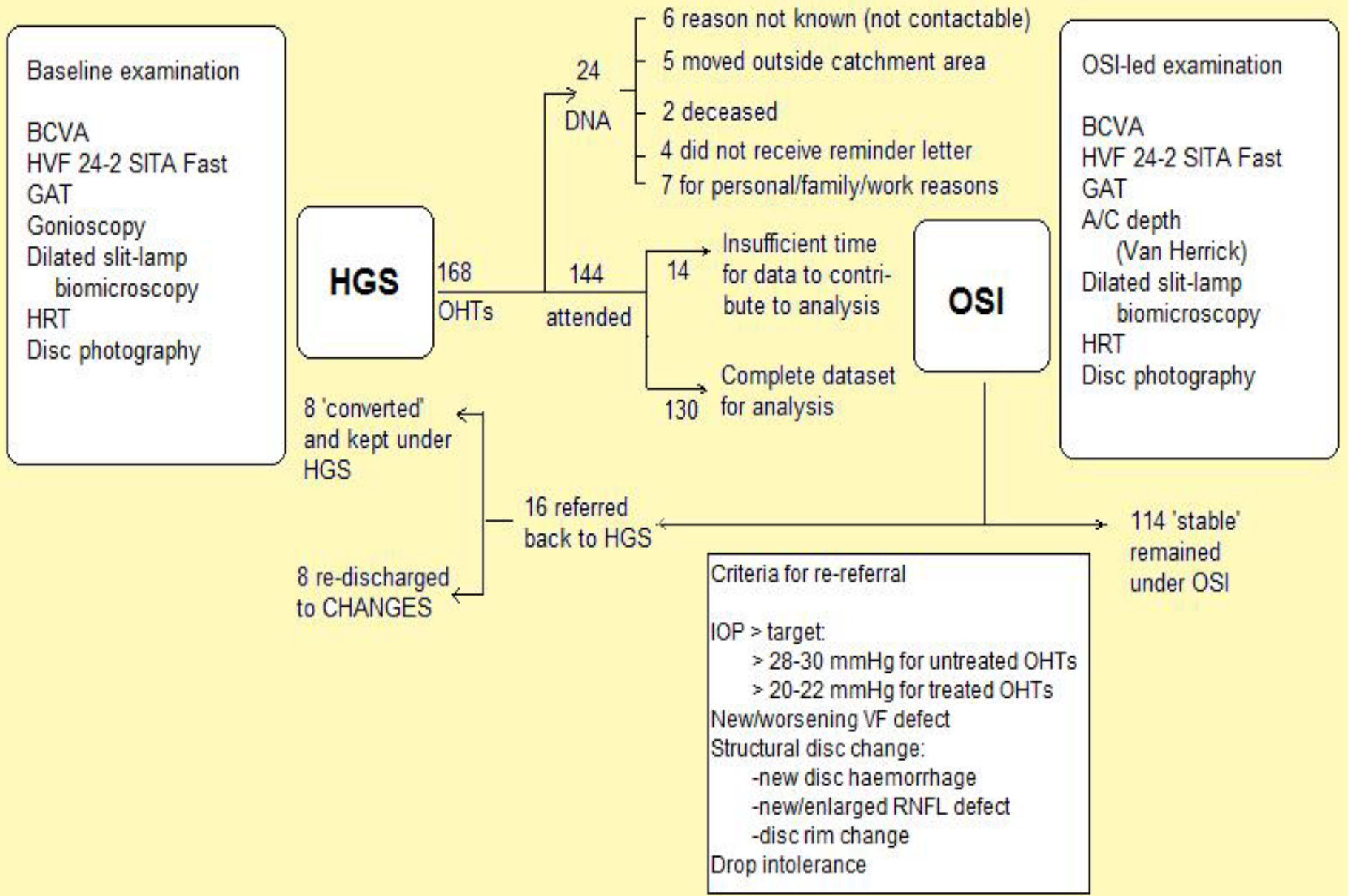
- OHT monitoring in the community
- 200 OHT patients discharged from HES to the community scheme in 2008, similar numbers in 2009 and 2010
- Patients are seen every 12 months if not on treatment and every 9 months if on drops (30% are on eye drops)
- Invitation/Reminder and a leaflet is sent out by the hospital administrator
- Glaucoma OSIs already accredited for referral refinement (since 2006) and work to a protocol.
- Each patient has a pre-set target IOP
- OSI is paid £75 per patient by the PCT

OSI Examination

- BC VA
- Van Herick
- Goldmann IOP
- Humphrey Visual Fields
- Dilated Disc assessment
- Disc photos
- HRT

Protocol

- All data returned to the HES for adding to Medisoft EPR
- Patients referred back to HES if
 - IOP above target
 - New Field defect
 - Structural disc change eg rim change, NFL defect or disc haem
 - Eye drop intolerance



Results of the audit

- 88% of patients did attend the OSI
- 87.7% remained under the community service
- Of the patients referred back to the HES
 - 50% were deemed stable by the ophthalmologist and discharged to the community scheme again
 - 6.1% were considered to have definitely converted to glaucoma
 - The rest were kept in HES for observation/ suspect glaucoma

Summary

- Community OHT monitoring service frees up considerable numbers of HES appts for patients with glaucoma (600 slots after 3 years)
- 6.1% one year conversion to glaucoma is quite high stressing the need for standardised equipment, trained and accredited OSIs and HES led scheme
- Hospital follow up + Visual field cost is £143.15 per patient
- PCT saving over tariff in the first year = £9,158.80
- Need to add in hospital optom admin costs of 1 session per week at £68 (band 7) (£3,400)
- Total saving in the order of £6,000 pa
- Could reduce the costs by taking away the need for HRT, longer term analysis is needed to determine the usefulness of the imaging in the community monitoring

Caution

- Capacity problems in the OSI practice
- Need enough OSIs so that each practice can cope
- No funding for the Humphrey VFA, camera or HRT. Our OSIs already had this equipment
- Has not made big cost savings
- Patient satisfaction survey is being done now, no results yet

Other consequences on local optometry services

- Optometrist based diabetic retinopathy screening service
- Optometrists with IP qualification run all the acute eye clinics within the hospital
- GPs have confidence in our local optometrists

In progress

- LOC/LPC/LMC closer working relationship
- LOCSU regional support

Cambridgeshire LOC Invites Jonathan Djanogly MP to hear about local eyecare in the heart of his Cambs constituency

