



Independent evaluation leads to improved Glaucoma Monitoring Service in Devon

At a glance

Challenge

An existing Glaucoma Monitoring service was reviewed.

Objectives

Reduce the number of patients requiring out-patient appointments with hospital eye departments.
Improve patient experience.
Enhance patient record accuracy, management and effective sharing between practices.
Improve governance and compliance.

Solution

A full audit and review of the service was undertaken by an independent Ophthalmologist in 2015.

Several recommendations were made and acted on when the new contract was agreed in January 2018.

Outcomes

The service is now well-established, delivering timely care to patients.

The number of onward referrals to secondary care has been reduced.

Record accuracy has improved from 88% to 100%.

Introduction

In January 2018 Primary Eyecare Devon (PED) initiated a new contract with Devon CCG providing Glaucoma Monitoring in the Plymouth catchment area, involving 15 practices, 30 accredited Optometrists and 5000 patients.

The original Peninsular Optometrists Community Glaucoma Scheme (POGCS) commenced back in 2008 and aimed to reduce the number of patients attending the local hospital. The new contract introduced service improvements following an independent audit and evaluation undertaken by an Ophthalmologist in 2015.

The aim of the evaluation was to identify areas that would ensure a better patient experience and more effective and accurate recording and sharing of patient information.



Solution

The service evaluation identified a number of opportunities to enhance the service. The key recommendations arising from the evaluation were:

Recommendation	Action
Adopt a universal patient records system, ideally electronic, enabling virtual patient monitoring and improving completeness of collected patient data and data accuracy.	<p>Several electronic platforms were reviewed and Pharmoutcomes chosen, managing patient information and reports as well as administrative functions. Information uploaded can be reviewed retrospectively to enable continual virtual audit and monitoring.</p> <p>Practitioners cannot save the record if any key elements are missing, helping to ensure a complete and appropriate clinical dataset.</p>
Patient information and investigations available at every review, including the transfer of patient records between participating practices.	<p>An electronic record card facilitated the ability to provide previous patient information and investigations. Facility for PED to review records and transfer between practices enabled.</p>
Better compliance with investigations schedule.	<p>A clinical governance and performance Lead (CGPL) was appointed. The CGPL, a GOC registrant experienced in performance management, is responsible for identifying audit criteria along with performance measures addressing patient safety/provider engagement and for investigations schedule.</p> <p>Performance measures were in-built into the IT platform to aid audit and governance.</p>
Automated Visual Field progression analysis triggering referral or reassessment when progressing.	<p>The new service requires SITA 24-2 strategies. Practitioners are audited on reliability of field data ensuring a Guided Progression Analysis can be produced (will not accept data if reliability indicators show 20% or greater error).</p> <p>Field plots and GPA uploaded onto IT platform.</p>
Standardised Optic Nerve Head imaging, and revision of imaging frequency.	<p>Service now requires fundus photography at every visit with the images uploaded onto the IT platform.</p>
Clinical governance audit at regular predetermined intervals.	<p>CGPL Instigated audit criteria. 5% of patient episodes audited per practitioner monthly. Increased to 10% if concerns raised. Accelerated to poor performance protocol if required.</p> <p>Consultant Ophthalmologist reviews 5% records quarterly.</p>



Results

The Primary Eyecare Devon Glaucoma Service is now well-established and continues to deliver values and timely care to the local population. It has reduced the number of onward referrals to secondary care which in turn reduces patient anxiety and inconvenience. This has been reflected in an increase in positive patient and secondary care feedback.

More than 95% of patients are seen within six weeks of their referral date.

The implementation of electronic patient records has increased the accuracy of data collected from 88% to 100%. The greater visibility provided by electronic records management means that Primary Eyecare Devon can identify any problems and quickly re-distribute patients to other providers if, for example, capacity issues or equipment failure become a problem.

The transparency of communication between practices under the service aids practice capacity management, patient recalls and ease of audit.

Finally, there has been a reduction in record errors from 12% to consistently less than 5% following training and guidance, with a rise in the number of records fully completed on the day of assessment.

“The Primary Eyecare Devon Glaucoma Service has gone from strength to strength and it is great to see the confidence that our local ophthalmologists place in it. Without a doubt its success has opened the door to other discussions around enhanced pathways for eyecare in the region and it has shown many thousands of patients over the years that High St optometry is more than just the supply of spectacles.”

Max Halford, Devon LOC Chairman

Conclusion

By following the recommendations given by the independent ophthalmologist and by retaining a CGPL dedicated to the performance of the Glaucoma service, there are clear benefits to the clinical robustness of the service as well as patient experience.

“Contractors and Practitioners are encouraged to involve themselves in the success of the service and share feedback with myself and PED on a regular basis.”

“As a Primary eyecare company, PED now has more accessibility to essential information. With the current Covid-19 situation, this has proved invaluable. It has given us the facility to report on the number of patients overdue and transfer patients to other practices, if necessary. We have moved to pro-active management within the service rather than being reactive when problems occur.”

Deborah Bill, Clinical Governance and Performance Lead, PED

More detail can be [found here](#) or see the [Plymouth Optometrist Glaucoma Monitoring Scheme Audit Report 2015](#).