



# Commissioning Interest in Glaucoma Enhanced Case Finding

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## At a glance

Reviewing current glaucoma provision in optometric practice across England, and the reason why increasingly Enhanced Case Finding (ECF) is being commissioned.

### Challenge

To support the recovery of glaucoma services and release capacity within the hospital clinics.

### Solution

Commission ECF alongside the existing repeat measures to reduce the number of avoidable referrals, release capacity in hospital glaucoma services and help prevent irreversible sight loss.

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## Introduction

The first repeat measures services were commissioned over 20 years ago. The pathway aims to reduce referrals into secondary care by up to 76%, by repeating IOP by applanation and /or repeating visual fields<sup>1</sup>. Whilst deflection rates are high, optimal outcomes are only realised if all practices engage in delivery. In isolation, a repeat measures pathway only supports patients who present for a sight test at a participating practice. ECF, a pathway that which runs in parallel, provides a provision for patients presenting to a non-participating or out of area practice as well as providing a route for second opinion for patients presenting with other signs suspicious of glaucoma. NICE make recommendations on case-finding, recognising the benefit of ECF to avoid the need for some people to be seen in secondary care. It is worth noting that NICE guidelines state that ECF is separate to a sight test<sup>2</sup>.

Currently glaucoma services account for over 20% of outpatient activity in hospital eye services<sup>3</sup>. The Royal College of Ophthalmologists in 2016 commissioned a study which predicted a 44% increase in demand for glaucoma services by 2035<sup>4</sup>. COVID will have exacerbated the already stretched service and to support recovery a more integrated approach will be required. Primary care is able to support recovery and transformation by filtering referrals through ECF pathways and also by enabling the transfer of low-risk glaucoma and OHT patients into an extended primary care service, delivered in optometric practice.

<sup>1</sup> 2 Comparison of the effectiveness of two enhanced glaucoma referral schemes David J Parkins and David F Edgar. *Ophthalmic & Physiological Optics* 31 (2011) 343–352

<sup>2</sup> Clinical effectiveness of the Manchester Glaucoma Enhanced Referral Scheme | *British Journal of Ophthalmology* (bmj.com)

<sup>3</sup> RCOphth-The-Way-Forward-Glaucoma-Summary-300117.pdf

<sup>4</sup> RCOphth-The-Way-Forward-Glaucoma-300117.pdf



## Glaucoma Services Across the UK



### Scotland

- GOS amended in 2006 which ensured all glaucoma suspect cases had additional tests prior to referral, akin to ECF
- Study found the service reduced waiting time
- Reduced false positives
- Patients received earlier Glaucoma diagnosis

### Northern Ireland

- ECF and RM commissioned across the whole of Northern Ireland
- Optometrists have access to patient information electronically including medication and previous HES attendance
- Reduces unnecessary re-referrals to HES

### Wales

- Welsh government working to decrease HES referrals by 33%
- Reduction will be achieved by utilising primary care
- Aim is to improve patients access to care
- Glaucoma and other extended services make up 25% of Welsh Optometry budget\*

\* [gov.wales/sites/default/files/publications/2021-03/nhs-wales-eye-health-care-future-approach-for-optometry-services.pdf](https://gov.wales/sites/default/files/publications/2021-03/nhs-wales-eye-health-care-future-approach-for-optometry-services.pdf)



The National Eyecare Recovery and Transformation Programme recognises the important role of primary care optometry in building a sustainable eyecare service for the future. 'Enabling Optometry' is one of six key target areas of focus for the programme. This relates in the main to better use of the locally commissioned extended services already in place. It also seeks to extend the use of optometrists as first contact care practitioners and expand upon the glaucoma monitoring services to deliver more accessible glaucoma care for our aging population within local communities. Optometry First is an innovation in the principles of commissioning design, the outcome of which is to provide a comprehensive primary care solution to work alongside the wider eye care services. The NHS Long Term Plan objective of collaboration across both professions and primary and secondary care is the basis for Optometry First. The importance of ECF alongside repeat measures is recognised as one of the core pathway requirements. This ties in with the future framework development for more glaucoma/OHT patients to be monitored in primary care.

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## What Was Done?

The formation of Integrated Care Systems across England has seen a much more collaborative approach to eyecare planning embraced. Systems are working to pool resources and find solutions on a larger scale. The pandemic exacerbated delays in routine eyecare, patients with glaucoma and OHT are at greater risk of sight loss due to delayed treatment review. In order to support the recovery programme, LOCs across the country have been supporting the development of enhanced case finding services as well as glaucoma monitoring services.

ECF allows a clinical workup to be performed in primary care resulting in either referral to secondary care or discharge. The additional tests required for ECF fall within optometrists' core competency, which in turn ensures the service roll out can be expedited as the workforce is ready. If referral is required, this information is all included reducing duplication in secondary care.

### ECF Clinical Work Up – All Assessments Are Performed

| Pre Hospital                           | Details   |
|--|---|
| Visual Field Assessment                | Central visual field assessment using standard automated perimetry (full threshold or suprathreshold)       |
| Assessment of the optic nerve head     | Dilated optic nerve assessment and fundus examination using a stereoscopic slit lamp biomicroscope          |
| Intraocular pressure (IOP) measurement | Using slit-lamp mounted Goldmann applanation tonometry / (Perkins applanation tonometry is also acceptable) |
| Assessment of the anterior chamber     | Peripheral anterior chamber configuration and depth assessments using the van Herick test or OCT            |



Ankur Trivedi, an Optometrist delivering the service commented 'the Glaucoma Enhanced Case Finding pathway allows me to send on much more comprehensive referrals for patients with suspect glaucoma compared to what would be possible with GOS18. Non ECF referrals can also be diverted to the pathway'.

A study in 2019, showed that that ECF reduced false negative referrals and was cost effective<sup>5</sup>. In March 2022 8% of CCGs in England have ECF commissioned. LOCs report a further 46% CCGs are actively discussing the pathway with them.

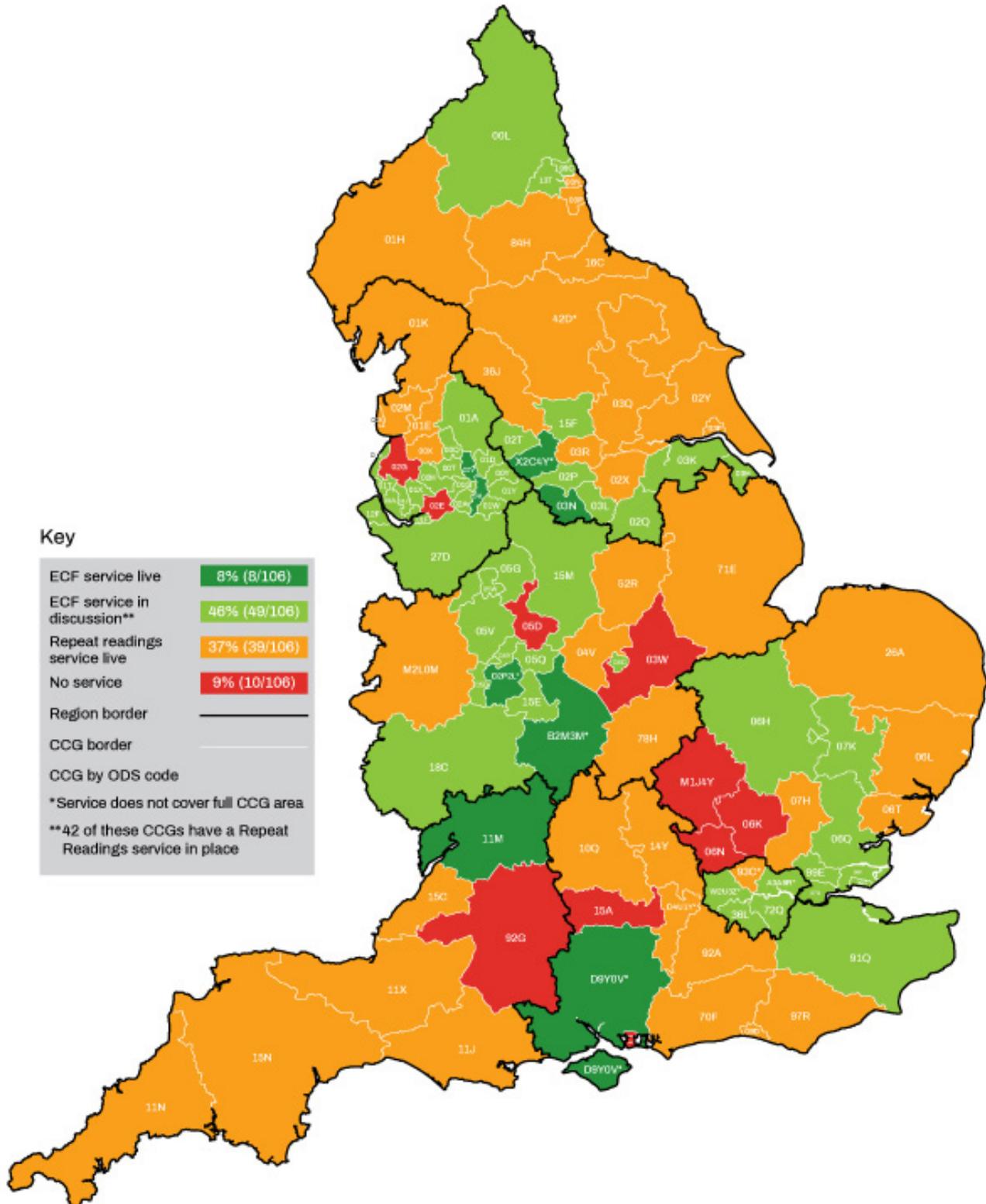
The map below page illustrates the areas where ECF is commissioned or in discussion and areas with RR only or no extended services at all.

Despite clear recommendations from NICE back in 2009 and ongoing there are still areas with no glaucoma referral filtering provision in primary care. Information using the NHS my care website suggests average waiting times for ophthalmology vary between 12 weeks to 50 weeks<sup>6</sup>. This discrepancy of access increases the risk of irreversible sight loss and increases health inequalities. Consistent commissioning of ECF will release capacity in secondary care and reduce the current post code lottery for patients. ECF allows patients to see the correct practitioner at the correct time and place and frees up specialist ophthalmologists for the most complex of cases.

<sup>5</sup> (PDF) Impact of the Manchester Glaucoma Enhanced Referral Scheme on NHS costs | Fiona Spencer – Academia.edu



## Distribution of Glaucoma Enhanced Case Finding Services by 106 Clinical Commissioning Groups (CCG), England at 4 March 2022





## Results

ECF supports the NHS Long Term Plan by:

- Releasing capacity in secondary care
  - Offering patient convenience and care closer to home
  - Reducing avoidable referrals
  - Reducing patient anxiety
  - Making fuller use of primary care workforce and estate
  - Developing a framework to manage our aging population needs by creation of integrated eyecare services with primary and secondary care.
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## Conclusion

New models for glaucoma are required, as glaucoma is the second most common cause of irreversible blindness<sup>7</sup>. Primary care optometry is able to support recovery and transformation of the current glaucoma services, with both repeat measures and ECF. The National Eyecare Recovery and Transformation programme have called for the commissioning of referral filtering services, and enhanced case-finding for glaucoma to support eyecare recovery<sup>8</sup>. With 54% of CCGs now with a commissioned service or in discussion with LOCs, it seems commissioners are responding to the call to action. LOCs are at the forefront of this change with optometrists enjoying increased clinical responsibility, their patients reaping the rewards of improving eyecare provided closer to home.

<sup>6</sup> [myplannedcare.nhs.uk](https://myplannedcare.nhs.uk)

<sup>7</sup> Causes of blindness and vision impairment in 2020 and trends over 30 years, and prevalence of avoidable blindness in relation to VISION 2020: the Right to Sight: an analysis for the Global Burden of Disease Study – The Lancet Global Health

<sup>8</sup> Eye Care Hub – FutureNHS Collaboration Platform