Dear Colleague,

**Introduction**

The Hospital Eye Service has been experiencing increasing pressure in recent years such that it is no longer able to cope with the large number of patients confirmed with Ocular Hypertension (OHT). As a consequence, a scheme has been developed for Wakefield optometry practices to progressively take over the management of many of these patients. This will be another CCG approved scheme (like MECS and cataract referral) where the optometry practice will be paid a fee for carrying out an assessment on behalf of the hospital.

The LOC have met with representatives of Wakefield Clinical Commissioning Group and Mid Yorkshire Trust and everyone is keen to move forwards as soon as possible. As this is a new venture for Wakefield, it’s likely that minor modifications may have to be made from time to time to ensure it’s smooth running.

**Eligible Patients**

At present, essentially two groups have been identified in the discharge process;

1) Patients who are seen by the hospital and who are deemed fit for discharge to an Optometrist for their next OHT review.

2) Patients who need to be seen by the hospital but whose appointment has been delayed due to capacity issues. These patients will need to be identified and then discharged from the hospital to the Optometrist of their choice on an agreed date.

**Clinical Qualification for inclusion in the scheme**

Patients diagnosed with OHT who do not require treatment.

Patients **not eligible** for the scheme would be those already diagnosed with open angle glaucoma, those with suspect glaucoma and those with raised IOP but with anterior angles at risk of closure.

**Management Plan**

For every patient that is discharged by the hospital to an Optometrist, the following information will be provided;

a) A copy of the latest visual fields

b) Intra-ocular pressures

c) Corneal thickness

d) Cup/Disc Ratios

e) Associated factors such as other eye conditions and medications

f) Target IOPs

Patients will be discharged from the hospital service in two ways;

1. **From a clinical appointment at the hospital.**

Under this arrangement, if the patient is felt suitable for discharge to Community Optometry

they will be given a list of participating optometry practices and a set of their clinical data as outlined above. Following discharge from the hospital the patient will then have the responsibility of contacting the community practice of their choice. This should be as soon as reasonably possible to ensure that an assessment at the community practice of their choice takes place 12 months after their hospital appointment.

Should the patient attend their appointment without their data or have lost it, another set will be available from the hospital on request by telephoning 01924 543808

1. **From the hospital database**

The database of OHT patients will be explored to determine those suitable for discharge to Community Optometry. Patients will initially be contacted by telephone, followed up by a letter explaining the new process and containing a list of optometry practices for the patient to select from and a copy of their clinical data.

Once the scheme has become established, when booking a patient for their appointment, the optometry practice should clarify if the patient has been seen previously by another EOS provider for OHT monitoring. If they have, they should contact that provider to request a copy of the patients’ information.

If a patient fails to attend an arranged appointment twice then the patient should be discharged.

A feedback form has been devised for patients, plus a system of feedback for both optometry practices and the hospital trust to identify any issues that occur. Initially, a tracking system will also be devised to ensure that no patients get lost in the system.

**Additional Documents**

Included with the document listing optometry practices in scheme, will be a note outlining to the patient, that if they are unhappy with their initial choice of optometry practice, they can select a different one for their future appointments.

**Clinical Procedures**

The following clinical procedures would be the core of the Ocular Hypertension Monitoring Scheme;

• Asking the patient about any new symptoms.

• Measurement of visual acuity.

• Measurement of cup/disc ratio.

• Supra-threshold perimetry.

• Goldmann applanation tonometry (this is preferred but Perkins can be used).

• Van Hericks peripheral anterior chamber depth assessment.

• Dilated slit lamp/Volk optic disc assessment.

• A decision to continue on the OHTMS (if no change/no problems) or refer back to Glaucoma Clinic

• Patients who are unable to be examined on a slit lamp should be monitored in the best alternative

way possible, i.e. Perkins tonometry, handheld slit lamp, headband BIO or direct ophthalmoscopy.

**Assessment Complications**

Should a patient’s general health and mobility change considerably and a higher standard of clinical judgement is required, under very exceptional circumstances the patient should be referred back to the hospital.

**Equipment requirements for OHT Monitoring Scheme**

• Slit lamp

• Goldmann tonometer (slit lamp mounted) or Perkins tonometer (Goldmann preferred)

• Volk lens for disc assessment (a lens such as the Volk Super 66 D would be ideal)

• Suprathreshold perimeter

**Communication**

To mobilise the scheme, practices are required to develop a secure way of transferring patient identifiable information between primary care and secondary care. The only common secure way of doing this is through an NHSmail Account. Consequently, an NHSmail account will be required for each location where the service is provided.

If practices do not have active NHSmail accounts this will be setup by The Health Information Service (THIS), however, practices will have to complete an NHSmail Account Application Form and the IG toolkit assessment <https://www.igt.hscic.gov.uk/>. An NHS mail application form was emailed to all EOS practices in early August. After completing the IG tookit assessment you should forward the assessment report along with the completed NHSmail application form to Sharon Cook at Wakefield CCG.

**Criteria for referral back to glaucoma clinic**

• IOP > 28 mmHg

• IOP > target IOP

• Visual field defect

• Change in optic disc appearance

• Clinical need for repeat gonioscopy

• Clinical need for repeat CCT measurement

• Any other indication of a change in the condition requiring specialist opinion.

If the above conditions are met and referral back to the glaucoma clinic is required, then the practice should send a referral letter to the HES at the address as outlined above in the *Management Plan* section. The OHT form is not suitable for this purpose and a new separate referral form should be used.

**Referral for a non-OHT related reason.**

Occasionally, the assessment will reveal a reason to refer the patient to either their GP, Community Ophthalmology or the Hospital Eye Service for a non OHT related reason. This should be recorded on the form but the patient should be referred using a separate referral letter.

**What to do following the assessment.**

The information should ideally be recorded on the form included with the new EOS software spreadsheet which will be available before the scheme starts. This is to ensure all aspects of the assessment are completed and provides an easy way of forwarding a summary of the assessment if required.

**Additional Training**

Although accreditation is not required for providing this scheme, it is good professional practice to ensure that ones’ knowledge and understanding of the topic is fully up to date, and that the requirements of the scheme are fully understood. It would be good practice for practitioners to tailor their CET to include additional training around this new service.

If an optometrist has a question relating to the scheme, they can obtain advice by contacting Sharon Cook at Wakefield Clinical Commissioning Group via email at ***Sharon.Cook@wakefieldccg.nhs.uk*** There will also be a new OHT help section available on the Wakefield LOC website at www.wakefieldoptometry.org.uk.

**Payment**

The amount that the optometry practice can claim for providing the service will be £55.00

**Wakefield**

**Local Optical**

**Committee**

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