



## Manchester's Model of Glaucoma Care



**Amanda Harding**  
*MSc MCOptom Dip Glauc.*  
 Principal Optometrist, MREH

Association of Health Professions in  
 Ophthalmology, October 2010



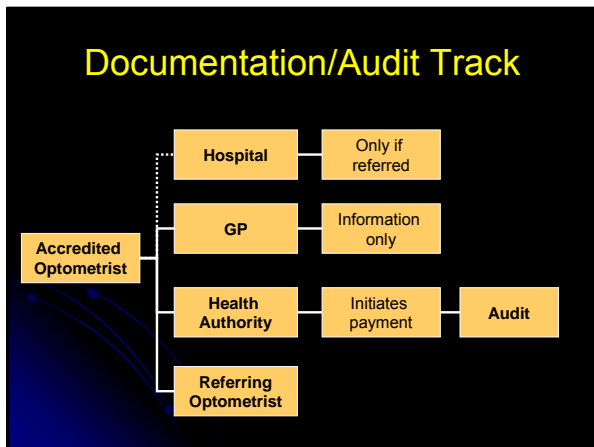
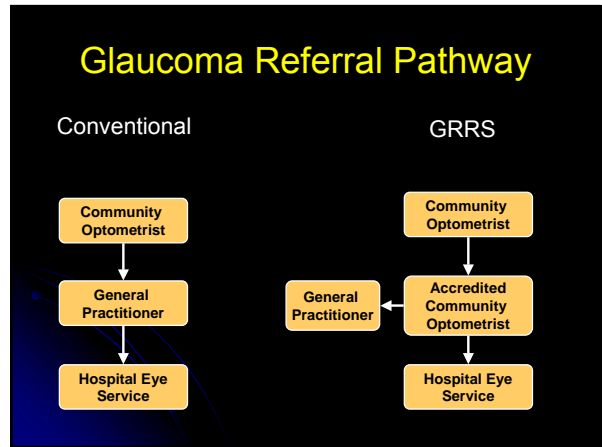
## Manchester's Three Layer Approach

1. Glaucoma Referral Refinement Scheme - Community Optometrist
2. OLGA - Hospital Optometrist
3. Consultant-Led Care

## GRRS - Background

- Set up in 2000
- Scheme published in Eye in 2003<sup>1</sup>
- Improve utilisation of community optometrists
- Reduce false +ve referrals (~ 40% glaucoma referrals at this time)
- Decrease delay in referral
- Improve quality of referral data to HES

1. Henson et al. Community refinement of glaucoma referrals. Eye 2003;17:21-26.



## GRRS - Set Up

- Community Optometrists
  - Selection
  - Initial training
  - Accreditation
  - Continuous training
- Examination
  - History
  - Anterior segment examination
  - Applanation tonometry
  - Dilated disc assessment with Volk 78D
  - Automated visual field analysis

## Referral Criteria 1

- Single
  - IOP >26 mmHg on 2 occasions (change post NICE)
  - Visual field defect on 2 occasions
  - Optic disc - unequivocal pathological cupping,
    - or  $\geq 0.2$  asymmetry,
    - or change in C/D ratio  $\geq 0.2$

## Referral Criteria 2

- Combined
  - IOP  $\geq 22$  with suspect optic disc
  - Optic disc with visual field defect
  - IOP  $\geq 22$  with visual field defect
- Optic disc change or haemorrhage
- Signs of secondary glaucoma e.g. PXF, PDS
- Suspect narrow angles

## Costs, Efficiency & Future Plans

- Cost saving to PCT's as less HES visits
- Cost to pay community optometrists but < HES
- Initial training & ongoing training costs
- Expansion to other areas e.g. Trafford
- Expansion of role for some optometrists to manage untreated OHT
- Inline with changes to College of Optometrists diploma

## The new MREH



## OLGA



Optometrist  
Led  
Glaucoma  
Assessment

## OLGA Objectives

- Low-medium risk patients managed by optometrists in HES
- $\uparrow$  capacity in consultant-led clinics for new referrals/complex cases
- Standardised management protocols
- Routine ophthalmic imaging
- Routine visual field assessment
- One stop visit with same team of clinicians

## OLGA Examination

- History & Symptoms
- Medication & Adherence
- VA & IOP - GAT
- Gonioscopy & Pachymetry
- HFA 24-2 SITA Standard
- Dilated Volk assessment
- Photography @ initial visit/change
- Management (NICE + Trust Protocols)



## Referral Criteria to OLGA 1

Criteria have become more flexible over time

- Patient categories:
  - 'Low-medium risk' glaucoma or
  - OHT/glaucoma suspect
  - Can include any type of glaucoma
- IOP target should be set
- Target IOP achieved and IOP stable
- Reliable VF results with HFA 24-2 SITA
- No progression of VF or disc for 1 year

## Referral Criteria to OLGA 2

- No severe VF loss
  - Mean defect should be  $< -15$  D
  - C4 threat allowed but in 1 hemifield only
- Pts judged stable for 6-12/12 follow up
- No concomitant ocular pathology that requires ongoing management eg Wet AMD

Pts referred to OLGA remain under the registration of the referring consultant/team

## Referral back to consultant

- They do not fit the original referral criteria
- If the IOP becomes raised above the target IOP
- If there is progression of disc, field or NFL
- Px's developing concomitant ocular pathology
  - Vein occlusion
  - AMD
  - Significant cataract requiring surgery

Discussion with consultant negates need for referral back in many cases

## Current status of OLGA

- 6 optometrists (at least 1 session/week)
- 2 glaucoma technicians
- Hospital Service
- Community service
  - GP Practice – North Manchester
  - Withington Community Hospital (WCH) – South Manchester
- 8 Hospital Sessions/week
- 4 Community Sessions/week
- 8-9 patients/clinic session



## Community OLGA

- Improves patient access
- Improves patient choice
- Suitable for the more stable patients
- Patients remain within HES
- Staff autonomy
- Staff rotated & get ongoing training @ MREH



## OLGA Expansion

- 'Bow-wave' affect of glaucoma follow up
- Affect of NICE Guideline & NPSA
- Current OLGA capacity 5,000 appts/year
- After expansion (through 2011) 12,000 appts/year
- ~ 40% glaucoma follow up of MREH
- (Poor outpatient data but assuming 130k out patient visits and 25-30% glaucoma)

## OLGA Expansion

- Includes optometrists working alongside consultant colleagues
- Increasing glaucoma workload for OLGA trained staff
- Efficiency of service i.e. double clinics
- Increased support to service e.g. CSW
- Training of 2 more optometrists
- Employing 2 further perimetrists/technicians

## OLGA Audit

- OLGA service compared with out patients
  - Improved access to VF's, gonioscopy & imaging
- Patient satisfaction questionnaire
  - Preference for OLGA
- Agreement on glaucoma management
  - Optometrists can make accurate management decisions
- OLGA Audit to check for NICE compliance
  - 98% compliance in terms of tests performed & tx offered

## Conclusion

- Team work
- Joined up approach
- Flexible



## Acknowledgements



Greg Harding  
*Greg Harding Photography*

Timothy Soar  
*Architectural Photographer*

## Thank You

