

Lancashire and South Cumbria Tier 1 Ophthalmology Service GERS / ECF Service

Accreditation: Optometrist with WOPEC Glaucoma level 2

### **Eligibility**

Patients may be identified by accredited practitioners or be referred into the service by another non-participating practice. Local pathway as defined by the system may enable re-direction into the service.

Patients must be eligible under terms of the Service Specification (adult with Lancs and SC GP), and have

IOP 24mmHg or higher (by any testing method), and/or

A Visual Field defect suggestive of glaucoma, and/or

Suspicious signs of glaucomatous damage to optic nerve head, or

Redirection of referral following referral management

(eg insufficient referral detail, or from Diabetic Retinal Screening Service)

Practices who offer GERS do not offer GRR.

Assessment should include:

- Patient history with particular attention to glaucoma risk factors
- Corrected Visual Acuity
- Goldmann or Perkins Applanation Tonometry

Infection control measures to be observed (disposable tips)

Instruments to be properly maintained and calibrated

- Visual Field testing using SITA or ZATA testing strategies.

Humphries VFA or Henson 8000 / 9000

Optometrists may delegate field testing to technicians but remain responsible for good practice, including patient instruction, accurate positioning at the device, ambient light levels, and minimized distractions.

- Assessment of the anterior chamber angle

By Van Herick's, AS-OCT, or gonioscopy

- Stereoscopic disc/fundus examination with pupil dilation

As a guide, this should include:

Measurement of the vertical disc diameter

Assessment of the neuro-retinal rim around 360°

Consideration of CD Ratio and ISNT rule

Detecting/locating retinal nerve fiber layer defects

Detecting/locating disc haemorrhages

Detecting/locating peri-papillary atrophy

Appreciation of disc shape, tilt, vessel paths, disc pits.

- OCT scanning (by appropriate program for glaucoma detection)

Avoiding false positives (or 'red disease') due to anatomical variation or poor software segmentation.

### **Time Scale**

Appointment offered within 2 weeks of entry into the service

Effective FTE/FTA and Failsafe procedures will identify and manage patients who are late for assessment.

### **Outcomes**

- 1) Discharge - If there is no evidence of glaucoma, glaucoma suspect, or ocular hypertension. Patients are advised to continue regular visits to their usual primary eye care professional.
- 2) Urgent Referral if IOP > 31mmHg.
- 3) Routine Referral for diagnosis and management if,
  - IOP  $\geq$  24mmHg and  $\leq$  31mmHg
  - Glaucomatous type visual field defect confirmed
  - Glaucomatous optic nerve head (including 'suspects')
  - Narrow anterior chamber angle – VH Grade 0-1 (potential PACS)

Referral should be made into secondary care glaucoma services

All referrals must observe local protocols and include all clinical detail.

### **Fee**

Fee to practice: £63.00 per episode

# Glaucoma Enhanced Case-Finding Service **Primary Eyecare**

**Entrance criteria:** A suspicious sign of Glaucoma identified  
 (Emergency referrals and referrals following Glaucoma Repeat Readings are excluded)

