

# The Role of the Optometrist in 21<sup>st</sup> Century Eye-care.

How can primary care optometrists' skills and equipment be utilised to enhance local eye-care?

# Optometrists' current role

- **Northern Ireland?**  
England?  
Scotland?  
Wales?
- **Ageing demographics.**
- **Increasing waiting lists.**

# What can optometrists offer now?

- **Glaucoma** – NICE guidelines.  
false positive referrals.
- **Glaucoma referral refinement scheme.**  
Rapid implementation – part of core skills.  
Training – revision of skills.  
Care pathway – needs agreement with colleagues.

# ...glaucoma care in the future?

- **Glaucoma review –**  
>20% of ophthalmology out patient appointments.
- **Glaucoma co-management –**
  - successful schemes in UK
  - enhanced skills – additional training
  - needs careful design of care pathways for success
  - negotiation needed with colleagues

# Up for discussion...

- **Acute eye conditions – good audit evidence.**
- ‘Wet’ macular services – referral refine pathway/criteria – basic revision training.
- Pre and post operative cataract assessment?
- Low vision?
- Telemedicine.
- Paediatric refractions – local accessibility and choice.

# Benefits of referral refinement

Manchester glaucoma referral refinement scheme published in Eye (2003)<sup>1</sup>

## *Aims:*

- To assess a scheme designed to reduce the number of false-positive glaucoma referrals.
- To report on the first year's results of this scheme and its **financial costs to the NHS.**

# Benefits of referral refinement

## *How was this achieved?:*

- Patients with suspected glaucoma referred to accredited optometrists for triage.
- Patients meeting referral criteria referred on to Manchester Royal Eye Infirmary (MREI).
- Patients who did not meet referral criteria were returned to referring optometrist.

# Benefits of referral refinement

## *Results:*

- The number of suspect glaucoma cases referred to the MREI was reduced by 40%.
- Financial cost saving to the NHS of approximately £17 per patient.

# Benefits of referral refinement

## *Conclusions from Manchester study:*

- ‘Community refinement of suspect glaucoma offers some important benefits over the current referral pathway.’

## **Grampian glaucoma scheme<sup>2</sup>**

‘Community optometrists trained in glaucoma provided satisfactory decisions regarding diagnosis and initiation of treatment for glaucoma.’

# Acute referral refinement

- Optometrists as 1<sup>st</sup> point of contact for ocular conditions.
- Triage all patients/treat patients with minor ocular conditions.

## ***Examples:***

- Acute Eye Services Grampian – local scheme.
- Wales – PEARS (Primary Eye-care Acute Referral Scheme) <sup>3</sup>.

# Acute eye services – Grampian

## *Aims:*

- Reduce unscheduled hospital eye service activity without increasing A&E activity?
- Could community optometry become the first port of call for patients concerned about their vision?

# Acute eye services – Grampian

## *Results:*

- 57% reduction in Eye casualty activity.
- Increased availability of clinic space – utilised by new AMD treatment clinics.
- 28% reduction for on-call ophthalmology.
- Approx 90% agreement between working diagnosis from accredited optoms and acute referral clinic (similar to other studies<sup>4</sup>).

# Acute eye services – PEARS

- Self- or GP-referral to accredited Optom who must offer a same day appointment.
- Accredited optometrists undertook enhanced training.
- Agreed integrated care pathways ensured high quality of care.
- Audited.

# PEARS – pilot results (S. Glamorgan)

	<u>2001</u>	<u>2002</u>
Pxs presenting for PEARs	242	500
Pxs referred on to HES	58	80
Managed in community	184	420
% managed in community	76%	84%
GP practices using the scheme		100%
Optoms accredited on scheme		86%
No. Patients highly satisfied		94.8%

# PEARS – benefits

- Improved access to diagnostic eye care service.
- Reduced demands on GPs for primary eye-care.
- Enhanced multi-professional collaboration and trust.
- Fully utilising optometrist's skills - increased job satisfaction.
- Improved quality of referrals.
- Reduction in waiting times.

# What this means for the Patient?

- Local patient access and choice.
- Reduction in waiting times
- Reduction waiting lists?
- Assured quality of care through **agreed** integrated care pathways.
- Cost effective and value for money.

# References

1. Henson DB *et al.* Community refinement of glaucoma referrals. *Eye* (2003) 17: 21-26
2. Azuara-Blanco *et al.* The accuracy of accredited optometrists in the diagnosis and treatment recommendation for glaucoma. *Br J Ophthalmol* (2007) 91: 1639-1643
3. Sheen N *et al.* Novel optometrist-led all Wales primary eye-care services: evaluation of a prospective case series. *Br J Ophthalmol* (2009) 93: 435-438
4. Hau S *et al.* An evaluation of optometrists' ability to correctly identify and manage patients with ocular disease in the accident and emergency department of an eye hospital. *Br J Ophthalmol* (2007) 91:437-440