

Referrals

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The background of the slide is a solid blue color. In the lower right quadrant, there are several sets of concentric circles, resembling ripples in water, rendered in a lighter shade of blue. These circles are of varying sizes and are positioned in a way that they appear to be spreading out from the right side of the frame.

Increasing Referral Numbers

- 10% per year World wide
- Ageing Population, Baby bulge
- Living longer
 - With age comes increasing eye problems
 - Cataracts
 - Glaucoma
 - AMD
- Ophthalmology can do more
 - New Drugs – Lucentis / Avastin , Glaucoma drugs
 - Future drugs – Dry AMD, New Wet AMD drugs
 - New Diagnostics
 - Pachymetry, HRT, GDX, Anterior OCT
 - Macular OCT, ICG, Auto fluorescence, OCT Slab sections
 - New Surgical Techniques – Laser assisted FemtoLaser Cataract surgery.
- Greater expectations by Patients

Referral numbers

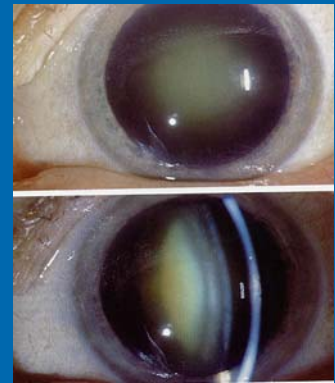
- Physical Number of patients with eye problems world Wide increasing
- US paper predicts 18% increase 2008 – 2015
 - But Number of Ophthalmologist only increase by 0.67%
 - Conclusions: Ophthalmologists will need to improve efficiencies,
 - delegate more patient care, and take other actions
 - Increase capacity and or productivity in order to meet demands for patient care.

Case study

- 89 year old lady seen August 2011 with blurred vision in the Left eye at the Opticians.
- Optometrist identified poor vision and ? cataracts
- But did Not diagnose the problem
 - With in remit of Optometrist to identify a problem but not diagnose - refer
 - Did not dilate the pupil – Usual in Optometric practice
 - No Fundus Photograph – increasing practices have this – Helps
 - No OCT – Increasing practices have this – Will help
- Routine referral to GP,
- 11/11 Referred to community Ophthalmologist who correctly diagnosed Wet amd
- referred directly to AMD clinic and seen. 25/11
- Wet AMD diagnosed – progresses 25% per month.
- Vision had deteriorated by 2 lines over this time.
- Now undergoing Lucentis Treatment

- Despite having Direct referral pathways for Wet AMD
 - Requires correct diagnosis.
- Continued education/feedback to Optometrist is key
- Short Outpatient waits – Extra clinics, Saturdays

Optometrists



- Optometrist primarily there to Prescribe glasses,
 - Very good at, takes time and what patients want
 - Full Ophthalmic examination takes equal amount of time
 - Dilating pupils, takes time, patient may have driven etc.
 - Yet only allow 15 -20 minutes per appointment – Chair time!
- Many in Hillingdon do spend time , go the extra mile
 - Dilating pupil
 - Digital Photographs
 - OCT scans, HRT, Threshold Fields
- Others will just identify a problem and refer making best guess at diagnosis.
 - Most Referrals we Get ARE Appropriate
 - “The more you look – the more pathology there is!”
- DO NOT assume the diagnosis is correct in studies around 50% accuracy.
– This is fine – we sort out the detail.
- Every Referral is Triage by Us to the appropriate Clinic
 - Very use to the terminology of Optometrist, and reading between the lines
- WET Amd is an emergency so loss of vision in 70-80 must think / Exclude wet amd. – Pardip Grewal AMD co-ordinator

Cataracts

- Common Diagnosis and referral
- PPWT guidelines
 - Best corrected vision 6/9
 - Significant effect on Quality of life.
- Even if do not meet criteria need to refer to ensure the diagnosis is correct.
- Hospital Applies PPWT.

Floaters and Flashes

- V Common symptom
- Indicates collapse of Vitreous
- Risk of Retinal tears and detachment
- Periphery of eye
- Difficult to see unless dilate pupil and use Indirect or 3 mirror lens
- Optometrist cannot do this
- 1 in 20 have a retinal tear.
- Refer. Recently asked if Need to refer – YES!
- Seen 3 Retinal detachments in 3 weeks!
- Medico – legal Risk Real – Local Optometrist Sued over this.

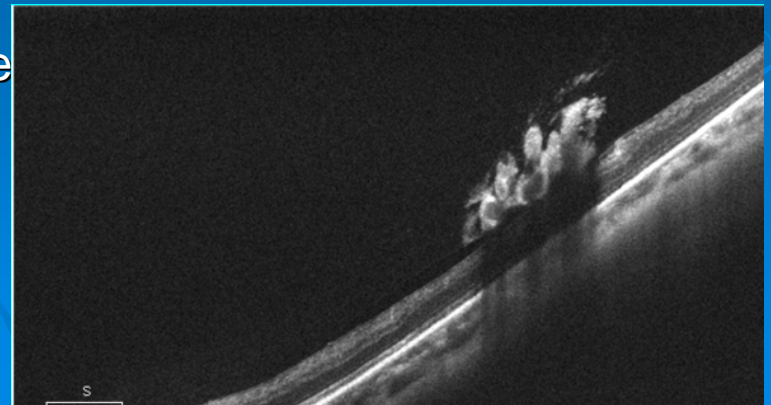
AMD – Refer AMD clinic

- Very common
- Dry AMD
 - Vitamin Advice
 - Amsler Chart
 - OCT scan and Photograph
 - New drugs expected in 2-4 years time.
- Wet
 - Can be difficult to diagnose early wet amd
 - OCT needed to exclude.



Diabetes

- DRSS should photograph all Diabetic
 - DNA rates high
- These are graded and referred directly to our booking centre
 - Tight control over timings which are monitored.
- Additional Optometrist examination
 - Can cause problems for triaging
 - Are they under Hospital care already?
 - Have they seen anything new?
- Need fundal Photos and OCT
 - Issue of Faxing images – Come out Black
 - NHS Net exploring
- Anti-VEGF Lucentis/Avastin
 - Today NICE NOT approved Lucentis
 - ACD on Vein Occlusions Also Negative
 - Only Option is Avastin
 - Will PCT's Fund this?
- Pascal Laser
- Cataracts
- Improve diabetic control.



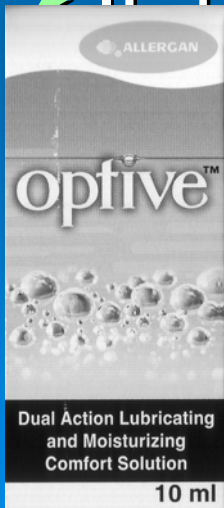
Vein Occlusions

- Urgent referral
 - CRVO
 - BRVO
- Treatment now Routine
 - Anti-VEGF Lucentis/Avastin
 - ACD NICE – Negative For Lucentis
 - ? Funding for Avastin
- Ozurdex – Nice Guidance
 - Approved but Clinicians concerns

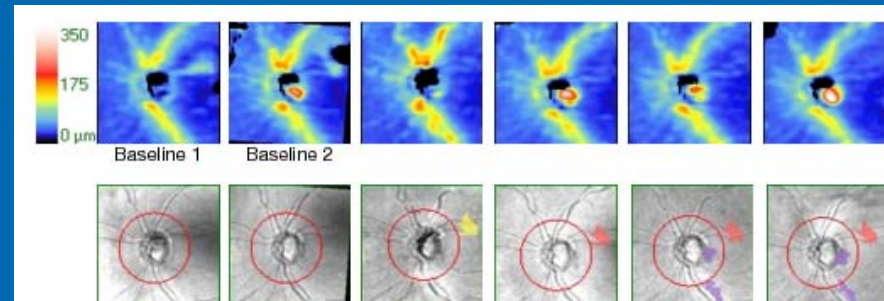


Dry eyes

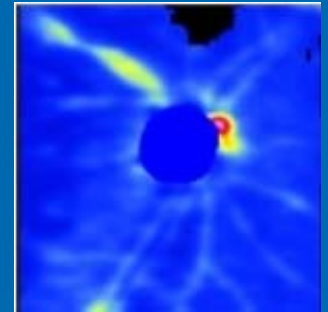
- Common Most managed by GP
 - First line Hypromellose
 - Second line – wide variety of options.
 - Optometrist may advise
 - IF not responding to lubrication then refer
- Severe dry eyes needs hospital care



Glaucoma



- Optometrist screen and refer
 - Un met need – 50% undiagnosed.
- NICE assessment
 - IOP
 - Corneal thickness Pachymetry
 - Iris angle – looking for risk of closed angles.
 - Disc analysis – HRT
 - Optic Nerve Analysis OCT-GDX
 - Computerised Visual Fields
- Management
 - Hospital
 - Monitoring Clinic – NewMedica Mobile service.



Others

- Hundreds of other conditions
- Most GP's already Refer to a local Optometrist first to Triage
 - Works very well and very Cost effective
 - Excellent local relationship
- Second opinion after Optometric assessment
 - It is what Eye Clinics/Teams do best
 - Diagnosis
 - Diagnostics
 - Treatment Plan
 - Discharge.
- Intermediate Care Organisations –Role?
 - ? Optometrists?
 - Simpler equipment
 - Diagnosis / Treat
 - determine if More Complex Secondary care is appropriate.

Discussion

- Way Forward?
- How to cope with increasing demand?
- Role of Optometrists?
 - NHS net for Optometrist to refer High Quality Images/OCT
 - Works in Scotland – Investigating currently locally
 - Regular Feedback to Optometrist – Unique to Hillingdon's Practice Manager Computer system.
 - Leads to Close working relationship in Hillingdon
 - Superb group of Optometrists locally
- DRSS
 - Vision 2020 – Increase uptake
- Glaucoma Monitoring Service
 - Ease Burden of disease monitoring in line with Patient directives.
- World Class Ophthalmologists Deliver World Class Service
 - Innovative, Motivated, Up-to-date, Present/teach world wide.
 - Award winning team
 - Delivers results – meets targets.