

## LEEDS OHTMS - Protocol and Guidelines 2016

### Administrative procedure

1. Following a full glaucoma assessment by an ophthalmologist or hospital optometrist, patients who are given a diagnosis of Ocular Hypertension (OHT) and fall within the inclusion criteria will be offered the choice to be registered onto the OHT monitoring scheme (OHTMS).

#### **Inclusion criteria**

1. Patients diagnosed with OHT (Goldmann IOP >21mmHg on at least 2 occasions and open angles) and who **do not** require treatment as per NICE guidelines\*  
( **A.**\*CCT >555 to 590um and IOP >25to32mmHg - treat to age 60;  
**B.** CCT> 590 - no treatment until IOP >32mmHg- any age)  
CCT=Central corneal thickness
2. Pseudoexfoliation syndrome or pigment dispersion syndrome (**with no evidence of glaucoma**) as per NICE guidelines
3. Patient must be registered with a **LEEDS GP**

#### **Exclusion criteria**

1. OHT requiring treatment
2. Primary open angle glaucoma (including pseudoexfoliation glaucoma or pigment dispersion glaucoma)
3. Suspect glaucoma
4. Raised IOP with anterior angles in danger of closing

2. The clinician requests an OHTMS 12 month appointment on the RT05 (*LTHT clinic outcome form*)

3. The patient will be sent a letter (by designated OHTMS admin staff) explaining the new OHTMS scheme and offered a choice to be transferred from LTHT onto the scheme. A list of accredited participating community optometrists/AQP community eye centers will be attached to the letter and the patient asked to select their preferred provider on the scheme and return to LTHT in a stamped addressed envelope provided.

**NOTE:** The term *Transferred* is used rather than *Discharged* so the patient does not get the impression that their condition does not require monitoring.

4. If indicated the patient will then be transferred from the LTHT glaucoma unit and an OHTMS referral completed by the designated OHTMS admin staff and sent with a copy of the latest Medisoft clinical findings (**including IOPs and central corneal thickness**) to the nominated community optometrist/AQP Community Eye Centre. The GP will be informed of the transfer from LTHT and the OHTMS referral with the name of the designated optometrist/AQP in a clinic letter. Those patients who have requested to remain with LTHT and not participate in the OHTMS will be sent a 12 month review appointment in the glaucoma **monitoring** unit.

5. A second letter from LTHT will be sent to the patients on the OHTMS confirming their designated optometrist/AQP Community Eye Centre.

6. The nominated community optometrist/AQP Community Eye Centre will contact the patient advising them that they will be notified of their OHTMS appointment in 12 months .

7. The community optometrist/AQP Community Eye Centre will send for the patient 12 months after their most recent review and every 12 months thereafter and undertake the review appointment (see below).

8. The possible outcomes are:

a. No change to OHT status – based on NICE Guidelines and review 12 months.

b. Change to OHT status\* based on NICE guidelines and risk of progression to POAG

- refer to HES (New **Direct** Referral, use OHTMS outcom/referral form)

(\*increased IOP to a level where treatment is indicated, confirmed visual field defect or suspicious discs)

c. No change to OHT status for 5 years without medication – discharged.

#### **Clinical procedure for OHTMS review**

- Ask re new symptoms
- Visual acuity
- **Suprathreshold or threshold** perimetry
- Goldmann applanation tonometry
- Van Hericks peripheral anterior chamber depth assessment
- Dilated Slit lamp/Volk optic disc assessment
- Decision to continue on OHTMS (if no change/no problems)

**Or** Decision to refer back to LTHT Glaucoma Monitoring Unit (GMU) or AQP Community provider. Use OHTMS referral form (if any changes noted i.e. increased IOP to a level where treatment is indicated within NICE Guidelines, confirmed visual field defect or suspicious discs)

- Mandatory completion of OHTMS feedback form which also includes the fee claim.

***(3 copies of the outcome letter to be created • One for GP. • One for optometrist record. • One for patient) –***

- Patients who are unable to be examined on a slit lamp should not be on the OHTMS and need to be re-referred back to LTHT GMU.

#### **Criteria for referral back to Ophthalmology**

- IOP not within NICE guidelines (with CCT >555 um)
- IOP within NICE Guidelines for treatment

- Confirmed visual field defect
- Change in optic disc appearance
- Clinical need for repeat gonioscopy
- Any other indication of a change in the condition (Direct Referral) or new condition requiring specialist opinion e.g. Cataract, AMD, low vision aid assessment (Refer via GOS18)

### **Accreditation for OHTMS**

The Accreditation requirements for optometrists will be those specified by the LOCSU / WOPEC distance learning package in Glaucoma Referral Refinement level 2 and completion of OHTMS lecture and workshops.

### **Equipment requirements for OHTMS**

- Slit lamp
- Goldmann tonometer (slit lamp mounted)
- Volk lens or other means of stereoscopic disc assessment.
- Automated visual fields equipment capable of producing a printed report

### **The patient has not responded to repeated requests to make initial OHTMS appointment with community optometrist/AQP community eye centre**

- Notify the GP to encourage the patient to book an appointment to attend

### **DNAs on OHTMS appointments**

- Patient is contacted by phone/mail by community optometrist/AQP Community Eye Centre and offered a second appointment
- After 2 DNAs patient is discharged to their GP.
- The CCG gets 3 monthly reports from LTHT of those discharged to OHTMS

### **Staffing issues - Accredited optometrist leaves the practice and no OHTMS accredited practitioner remains**

- Practice notifies the patient and offers choice to another OHTMS accredited community optometrist/AQP Community Eye Centre and sends last clinical report to the new OHTMS provider (**up to date list of accredited providers will be available on the Leeds LOC website**)
- Practice notifies the GP of the new OHTMS provider
- Practice notifies the CCG that they can no longer offer OHTMS.  
Please direct any queries to [leedsloc@gmail.com](mailto:leedsloc@gmail.com). **Do not contact LTHT directly.**