

## Dorset Community Ophthalmology Service

### Frequently Asked Questions

<b>ENGAGEMENT, COMMUNICATION AND SERVICE INFORMATION</b>
<p><b>Will all GP's and Opticians have information on who is providing the service locally?</b></p> <p>Yes, our website has a page dedicated to Dorset CCG, with a list of GP practices. Once all providers are confirmed, we will add a list to our website for information, which will be updated as more providers become involved.</p> <p>See: <a href="https://www.evolutio-uk.com/dorset-ccg/">https://www.evolutio-uk.com/dorset-ccg/</a></p> <p>We will also speak at locally arranged events such as GP 'lunch and learn' events or locality based meetings. These are managed and arranged by Dorset CCG and the GP members.</p>
<p><b>Have all Optometrists and GP's been engaged?</b></p> <p>Yes, we have sent out communications to all Optical contract holders and GP's across Dorset including an introductory letter and service information pack. In addition, Optical contract holders were sent information regarding the engagement events and the training event. GP's were sent an introductory letter and service information pack, with follow-up communications from both Evolutio and the CCG. The service has also been discussed at local GP meetings and with the LMC.</p>
<p><b>Are the training presentations available for those who missed either of the sessions?</b></p> <p>Yes, our website has a page dedicated to Dorset CCG and we have uploaded the engagement presentation and training slides.</p> <p>See: <a href="https://www.evolutio-uk.com/dorset-ccg/">https://www.evolutio-uk.com/dorset-ccg/</a></p> <p>We have also introduced a number of short YouTube videos providing step-by-step information on a number of processes including how to refer, how to create a visit and the walk in protocol. See: <a href="https://www.evolutio-uk.com/how-to-use-erefer/">https://www.evolutio-uk.com/how-to-use-erefer/</a></p>
<p><b>I was unable to attend the engagement and training events – is there further opportunity to become a provider after the 1<sup>st</sup> April 2018?</b></p> <p>Yes, the service is open to any optometrist practice that completes the certification/compliance process and training. We will be running a number of virtual training sessions via WebEx or ZoomRoom and will keep you informed of these dates via email and on our website.</p>
<p><b>How does this service differ from the current Community Ophthalmology service delivered by GP's and the Shared Care Glaucoma Scheme?</b></p> <p>The new service is broadly similar to the previous GPwSI-led service, with the key difference being that Evolutio are now involving community optometrists in the delivery of the service. We will also utilise bespoke systems and telemedicine to provide overarching governance of the service. Patients who were being managed/followed up in the previous service have</p>

been transferred across i.e. stable glaucoma patients and will continue to be managed within the new service.

The existing shared care scheme is separate to this service and will continue.

**If I am providing the service and managing glaucoma patients, should I be working towards my Glaucoma Certificate?**

Whilst there are restrictions and requirements placed upon optometrists who work independently (without consultant oversight) when diagnosing and managing glaucoma/OHT, we are not aware of any reference in NICE NG81 to the requirement for an optometrist working under the supervision of a consultant ophthalmologist within the field of glaucoma to 'be working towards a specialist qualification in glaucoma'. Nevertheless, we would encourage our providers to continue their professional development in the field of glaucoma, IP and medical retina, for example through higher qualifications approved by the College of Optometrists.

Using the terminology of NG81, we can confirm that our ophthalmologists are "suitably trained healthcare professionals with knowledge of OHT and COAG, relevant experience, an ability to detect a change in clinical status, an ability to identify abnormalities based on relevant clinical tests/assessments and are trained to make management decisions"

**IT SYSTEMS AND TRAINING**

**If we are unable to use the Evolutio eVconnect system for referring, can we still refer patients via NHS Mail or fax?**

Yes, referrals can be accepted via NHS Mail ([LCHevolutio@nhs.net](mailto:LCHevolutio@nhs.net)) or fax (0333 240 7729). However, we encourage the use of eVconnect (eRefer) wherever possible as evidence shows a significant benefit of using electronic referring methods.

**If we are a provider and have IT issues i.e. with the Firewall, do you provide any equipment such as a tablet to allow access to your IT platform for running the service?**

Unfortunately, not. We would expect those providing the service to work with their IT provider to ensure that our eVconnect platform can be downloaded without issue. Otherwise, you can purchase an Amazon Fire Tablet (or similar) starting from around £80.

**Do you have to be able to upload photos and or field results to your software? Many practices do not have a field machine linked to their IT system. Unless you are able to provide tablets to take a photo of the field plot, it will be a time consuming process to get the field plot onto the system.**

It is possible to set-up a network folder that stores images taken that can be easily searched for when attaching an image into eVconnect, our IT platform. It may be worth discussing this with your IT lead or provider.

If you are unable to connect or network your equipment, then it is possible to use a tablet to take an image and then upload direct into eVconnect (ensure appropriate IG is in place regarding the device).

**REFERRAL PROCESSES**

**Are optometrists still able to refer patients to the HES via the GP as per current processes?**

<p>Yes. However, this will add unnecessary delay to the patient journey and additional unnecessary work for the GP. The CCG would prefer that patients who are eligible for the service are referred direct to the new service, either by eRefer, NHS Mail (<a href="mailto:LCHevolutio@nhs.net">LCHevolutio@nhs.net</a>) or fax (0333 240 7729).</p>
<p><b>If a patient walks into a non-affiliate practice with for example, flashes and floaters, can they re-direct the patient into one of the providers or do they have to be referred?</b></p>
<p>If the patient has walked in and not been seen by the non-affiliate practice, then a referral won't have been generated and we would advise the practice to redirect the patient to one of the community providers available or to A&amp;E if deemed appropriate.</p>
<p><b>How are GP's kept informed of the patients referred into the service?</b></p>
<p>GP's are kept informed throughout the patient journey and will receive notification that they are being referred into the community and any outcome/discharge information. They are also notified if the patient is subsequently referred onto the HES.</p>
<p><b>What is the process for when a patient presents as a 'walk in' and requires to be seen immediately? Does the patient have to be referred centrally first before being seen?</b></p>
<p>If a patient self-presents at a provider site, you must undertake the walk-in process which includes a robust and quick referral check to ensure that the patient is eligible to be seen within the service (rather than under GOS). Once complete, you can then see the patient or book for another day, whichever is most appropriate based on the urgency.</p>
<p><b>If we are a provider and identify a patient as suspect glaucoma following a GOS sight test i.e. raised pressures, possible field defect but don't have a pachymeter, can we still see the patient?</b></p>
<p>Our pathways require a pachymetry reading when <b>diagnosing</b> glaucoma/OHT. In order to enter this pathway, the patient would be referred into the community service and offered a choice of community providers with the appropriate equipment levels (including a pachymeter).</p> <p>In cases of diagnosed <b>stable</b> glaucoma/OHT patients who are being transferred to the community, pachymetry will have already been performed by the previous provider so a repeat reading will not be required as it will be included in the patient's clinical notes and in most cases will only need to be performed once (unless there is a marked change in clinical status, in which case the patient would not be suitable for this pathway anyway).</p> <p>For a '<b>repeat readings</b> pathway' (e.g. a patient with borderline IOP, discs, fields requiring an accurate assessment of these parameters), pachymetry is not required. If the outcome of those investigations indicates that a patient is a potential glaucoma suspect/OHT then they would move to the diagnosis pathway described above which requires additional investigations (including pachymetry).</p>
<p><b>TELEMEDICINE AND PRESCRIBING</b></p>
<p><b>Could you please confirm the process for telemedicine review?</b></p>
<p>Following feedback from our engagement events, the CCG pathways will be separated into ESO and telemedicine from 1st April which will allow clinicians the autonomy to manage a broader range of patients without telemedicine oversight. However, all outcome decisions</p>

are still audited by our senior clinical team/ophthalmologist panel to ensure appropriate clinical decisions are being made by our provider network.

Telemedicine will be mandated for the glaucoma pathway and available in cases of uncertainty. A telemedicine decision takes a maximum of 2 working days but usually much sooner. Once diagnosis is confirmed, you will then relay that information back to the patient via telephone or face to face (dependent on how you want to manage the patient process).

**When a decision has been made by the ophthalmology panel, how and where is that decision communicated to?**

All telemedicine decisions are made by a consultant ophthalmologists and sent back to the provider practice, rather than the individual clinician, ensuring that the information is picked up in the event of sickness absence or similar.

**If a practice usually provides 'over the counter' treatment for conditions such as dry eye, would this continue.**

Yes, where over the counter treatments can be provided as per current practice, you are encouraged to do so. If there is a case of financial need then a prescription can be considered.

**How are prescriptions being managed within the service?**

Where a patient is being prescribed treatment for a condition i.e. Glaucoma, our central ophthalmology panel will provide the initial prescription. We are working with an online pharmacy to manage the process of delivery to the patient. If ongoing treatment is required, our systems notify the GP of the agreed treatment plan and the requirement for continued prescribing by the GP.

**Is there an opportunity to utilise my specialist IP and Glaucoma qualifications within the service?**

Yes, but not from day one. We will look to actively work with those who have specialist qualifications to become an 'advanced provider' as the service develops and we will have these discussions in the first few months after the service becomes embedded.

**Can you share the clinical protocols for review/information?**

Yes, these will be circulated to all providers and those interested in delivering the service.