

18th Joint event on

EUROPEAN OPHTHALMOLOGY CONGRESS & OCULAR PHARMACOLOGY

December 04-06, 2017 | Rome, Italy

A retrospective case study on the impact of sign guidelines 144 on quality of glaucoma referrals from community optometrists to the hospital

Samantha Sii¹, Ahmed Nasser², Loo Cheng Yi³ and Pankaj Agarwal⁴

¹Moorfields Eye Hospital, London

²St John's Livingston Hospital, Scotland

³University of Edinburgh, UK

⁴Princess Alexandra Eye Pavillion, UK

Statement of the Problem: Since the introduction of NICE guidelines 2009, the number of glaucoma referrals from the community optometrists to secondary services have increased across the UK, resulting in increase in first visit discharge rates. SIGN 144 was introduced in March 2016 in Scotland to meet the need for a more refined guideline to reduce unnecessary referrals. This is the first study conducted in a regional eye centre which aims to assess the impact of SIGN 144 on quality of referrals from community optometrists.

Methodology: A retrospective case audit of 385 electronic records from (TRAK) of patients who attended the new glaucoma clinics in Princess Alexandra Eye Pavillion(PAEP) was carried out across two major time periods, 1) Oct-Nov 2015, June-July 2016 and 2) Sept-Oct 2016 These periods were selected to enable comparison of before and after SIGN 144. Inclusion criteria: patients from 18 years and above referred to the PAEP glaucoma outpatients clinic for new glaucoma diagnosis. Primary outcome of this study is first visit discharge rate(FVDR). Secondary outcome is the extent of compliance to recommendations by SIGN guidelines.

Results: 233 patients were included in group 1(Pre-SIGN period) and 152 patients were included in group 2 (Post-SIGN period). Our study showed that there is a significant decline in FVDR between the periods (odds ratio 0.47, $p < 0.002$). 86% of referrals are compliant to SIGN referral criteria while 12.5% remains non-compliant. Two main reason for non-compliance include no repeatable visual field defects (42%), and high IOP either not repeated or not according to referral criteria (36.8%).

Conclusion & Significance: Patients who were referred after SIGN guidelines have a 47% less chance of being discharged on first visit. Even though compliance to some recommendations in SIGN guidelines have improved, there is still a need to improve adherence to referral criteria based on visual fields and IOP.

Recent publications:

1. Khawaja A P, Sherratt M A, Sparrow J M, Royal College of Ophthalmologists Glaucoma Commissioning Guidance Development Group (2017) The royal college of ophthalmologists' glaucoma commissioning guidance: executive summary. *Eye (Lond)*. 31(5):818-822.
2. Ratnarajan G, Newsom W, French K, Kean J, Chang L, Parker M, et. al. (2013) The impact of glaucoma referral refinement criteria on referral to, and first-visit discharge rates from, the hospital eye service: the health innovation & education cluster (HIEC) glaucoma pathways project. *Ophthalmic. Physiol Opt*. 33(2):183-189.
3. Ratnarajan G, Newsom W, Vernon S A, Fenerty C, Henson D, Spencer F et. al. The effectiveness of schemes that refine referrals between primary and secondary care--the UK experience with glaucoma referrals: the health innovation & education cluster (HIEC) glaucoma pathways project. *BMJ Open*. 3(7):e002715.
4. El Assal, K Foulds J, Dobson S Sanders R (2015) A comparative study of glaucoma referrals in Southeast Scotland: effect of the new general ophthalmic service contract, Eyecare integration pilot programme and NICE guidelines. *BMC Ophthalmology*. 15:172

18th Joint event on

EUROPEAN OPHTHALMOLOGY CONGRESS & OCULAR PHARMACOLOGY

December 04-06, 2017 | Rome, Italy

Biography

Samantha Sii is currently 2-year foundation doctor doing her 4 months academic fellowship in Moorfields Eye Hospital, London as an Honorary Research Fellow supported by the Wellcome Trust. She is passionate about the field of Ophthalmology and wishes to further her research in the glaucoma specialty in the UK. The Scottish Intercollegiate Guidelines Network (SIGN) develops evidence based best practice recommendations for NHS Scotland. To our knowledge, there has not been any studies published on the impact of SIGN guidelines 144 on quality of glaucoma referrals in Scotland. We hope that this study can help shed some light on areas which still needs improvement within NHS Scotland. This is a 2 year long retrospective case analysis to enable comparison of before and after SIGN guidelines was introduced. There is no conflict of interest to declare.

samanthasii@doctors.org.uk

Notes: