EXAMINING the HUMAN EYE

Frank Munro
Community Optometrist
Today’s Talk

- Community Optometry
  - 1st Port of Call

- Eye Examination
  - Basic Techniques

- Common Eye Presentations

- Ophthalmoscopy Demonstration / Workshop

- Open Session – You Choose!
Community Optometry

Working Together in the Community!
Evolution of Scottish Optometry

- Old GOS 1999
- GOC Rules 2000/08
- GIES 2005/6
- New GOS 2006 Enhanced - LENS (PGDs) - Grampian
- 2010/14 Delegated Care
  IT Integration
  IP
  Px Pads

- Optom accreditation
- HES Training
- 70% retention
- Quality
- Peer Review
- Communication
- Rx Request
- Networks / Systems
- Joint Working

- GOC Rules
- Old GOS 1999
- GIES 2000/08
- Eyecare Review 2005/6
- New GOS 2006 Enhanced - LENS (PGDs) - Grampian
- 2010/14 Delegated Care
  IT Integration
  IP
  Px Pads
1st Port Of Call

Triage For All Eye Presentations

Red Eye
Ocular Disturbance
Visual Loss

Refer or Care
Manage Treat
Referrals Appropriate

Protocols Pathways
New GOS (Scotland) Regulations

- Examination
  - Fit for purpose

- Customised Patient Care

- Examination based on presenting signs and symptoms

- Manage / Treat / Refer as appropriate

- Intervention / Prevention

- Primary examination & multiple supplementary exams
THE NEW GOS EYE EXAMINATION

PRIMARY EXAMINATION

FOR ALL

Core Elements

Additional Elements

Supplementary Procedures

Ongoing care in the community

Direct referral to acute sector

? SIGNS & SYMP
Competency Accreditation
Essential Equipment
History

Refraction

Digital Imaging

Advice

External Exam

EYE EXAMINATION

Internal Exam

Perimetry
Optometry Networks

Acute Presentations

Red Eye Visual Loss

Inappropriate Referrals

GIES 77%
Grampian 70%
LENS 50% ?
Non Medical Prescribing

Independent Prescribing For Optometrists

Approx 300 Optometrists in Training 150 qualified

CG Prescribing Frame work Peer Review

GOS Examinations Px Pad s Now Available Formulary
Latanoprost Eye Drops
50 mcg/ml
Send 2.5 ml
As directed

01/04/2013

Optometrist Independent Prescriber
GOC Ref No 68-6699
Tel: 09989 999 6666

Host NHS Board Address
Contact telephone number for enquiries from dispensing pharmacy
Optometrists Formulary (Scotland)

SAFE
EFFICACIOUS
COST-EFFECTIVE
<table>
<thead>
<tr>
<th>Drug</th>
<th>Approved / Proprietary Name (Manufacturer)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>[1] Carbomer 980 Gel</td>
<td>Clinitas Gel (Altacor) {Poly acrylic Acid 0.2%} 10g</td>
<td>£1.49</td>
</tr>
<tr>
<td>[1] Carbomer 980 Gel</td>
<td>Viscotears (Novartis) {Poly acrylic acid 0.2%} 10g</td>
<td>£2.94</td>
</tr>
<tr>
<td>[1] Liquid Paraffin Eye Ointment</td>
<td>VitA-POS (Scope Ophthalmics) {White soft paraffin} 5g</td>
<td>£2.75</td>
</tr>
<tr>
<td>[1] Liquid Paraffin Eye Ointment</td>
<td>Lacri-Lube (Allergan) {White soft paraffin} 3.5g/5g</td>
<td>3.5g = £2.51</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5g = £3.32</td>
</tr>
<tr>
<td>[2] Carbomer 980 Gel (single dose)</td>
<td>Viscotears (Alcon) {Polyacrylic Acid 0.2%} 30 x 0.6mL single dose units</td>
<td>£5.42</td>
</tr>
<tr>
<td>[2] Sodium Hyaluronate Eye Drops</td>
<td>Oxyl (Kestral Ophthalmics) {Sodium Hyaluronate 0.15%} 10mL</td>
<td>£4.15</td>
</tr>
<tr>
<td>[2] Sodium Hyaluronate Eye Drops</td>
<td>Hyabak (Spectrum Thea) {Sodium Hyaluronate 0.15%} 10mL</td>
<td>£7.99</td>
</tr>
<tr>
<td>[2] Sodium Hyaluronate Eye Drops</td>
<td>Hylo-Tear (Scope Ophthalmics) {Sodium Hyaluronate 0.1%} 10mL</td>
<td>£9.80</td>
</tr>
<tr>
<td>[2] Sodium Hyaluronate Eye Drops</td>
<td>Hylo-Care (Scope Ophthalmics) {Sodium Hyaluronate 0.1% &amp; Dexpantenol 2%} 10mL</td>
<td>£10.30</td>
</tr>
<tr>
<td>[2] Sodium Hyaluronate Eye Drops</td>
<td>Hylo-Forte (Scope Ophthalmics) {Sodium Hyaluronate 0.2%} 10mL</td>
<td>£10.80</td>
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<tr>
<td>[2] Sodium Hyaluronate Eye Drops</td>
<td>Clinitas (Altacor) {Sodium Hyaluronate 0.4%} 30 x 0.5mL units</td>
<td>£5.70</td>
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<td>[2] Carmellose Sodium Eye Drops</td>
<td>Optive (Allergan) {Carmellose Sodium 0.5%} 10mL</td>
<td>£7.49</td>
</tr>
<tr>
<td>[2] Carmellose Sodium Eye Drops</td>
<td>Celluvic (Allergan) Unit Dose {Carmellose Sodium 0.5%} 30 x / 90 x 0.4mL</td>
<td>30 = £5.75</td>
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<td></td>
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<td>90 = £15.53</td>
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<tr>
<td>[2] Carmellose Sodium Eye Drops</td>
<td>Carmize (Aspire) Unit Dose {Carmellose Sodium 1%} 30 x / 60 x 0.4mL</td>
<td>30 = £3.00</td>
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<td></td>
<td></td>
<td>60 = £6.00</td>
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I.T. INTEGRATION – Making the Link
Optometry Referral Details

Patient History and Details

Patient History and Details (Additional)

Patient Symptomatic

General Information

Diagnosis
Treating

Ocular examination - External / Internal
Comment Right
Comment Left

Tonometry (value between 0-50 mmHg)
Right
Left

Applanation

Relative Afferent Pupillary Defect
Fields Attached

Refraction Details

Date of Examination
Images Attached

Cancel  Attach  Preview Letter  Park  Send
OPTOMETRIC REPORT / REQUEST FOR PRESCRIPTION

Date........................

Dear Doctor

Patient Details

The above named patient was examined in this practice through General Ophthalmic Services.

Diagnosis

Could you please prescribe the following?

ADDITINAL Comment / Information / Review

Your Sincerely

[Print Name]

COMMUNITY OPTOMETRY REFERRAL

Date........................

Patient Details Referring Clinician Details

Dear

Could you please examine this patient through General Ophthalmic Services? I would be grateful if you could provide a report. I do not require a report.

Reason for Referral Routine / Soon / Urgent

Visual Loss Pain Red Eye

Double Vision Cyst Other

Specific Concerns / Comments

Relevant Medical History

Clinicians Signature Print Name

NOTE TO PATIENT

- Please contact your optometrist of choice for an appointment
- Tell the Optometrist that you have been referred by your Doctor / Nurse
- Your eyes might be examined using drops that might prevent you from driving after the examination
- Please take this note with you for the appointment
Referral Guidance - Emergencies

SAME DAY

- Penetrating Injury
- Sudden loss of vision
- Chemical injury
- Preseptal/orbital cellulitis
- Post-operative complications eg endophthalmitis
- Suspected temporal arteritis
- Intraocular foreign body
- 3rd cranial nerve palsy

ANTERIOR SEGMENT

- Microbial keratitis
- Herpetic keratitis
- Herpes Zoster with suspected ocular involvement
- Acute Angle closure glaucoma
- Uveitis
- Corneal abrasion
- Corneal foreign body
- Hyphaema
- Hypopyon

POSTERIOR SEGMENT

- Retinal detachment/hole
- Vitreous haemorrhage
- Uveitis

URGENT (Within 24-48hrs)

- Scleritis
- Newly diagnosed Wet AMD (if rapid access clinic not available)
- Amaurosis fugax
- Papilloedema
- Acute onset diplopia
- Rubeosis
- Proptosis
- Horner's syndrome
- Acute flashing lights/floaters
- Blunt ocular trauma (if no penetrating injury)
Patient attends optometrist needs referral

- Routine
  - Complete Direct Referral Report

- Urgent Referral <48 hours
  - Call Helpline
    - Patient booked in Within 48 hours

- Urgent Referral Same Day
  - Call Triage Nurse
    - Appointment slot allocated
Going Forward

All Eye problems to Optometry Eyecare Integration

Eye Health Awareness Campaign Targeted Groups

Increase IP nos. Management of chronic eye disease?

All Potential Referrals to HES to go via Optometry
THE CLAYMORE EFFECT!

Delegate to Community Optometrists

Manage in community / Referral Refinement
Care Pathways / Prescribing

Retain More Patients & Reduce Inappropriate Referrals
EXAMINING the HUMAN EYE
The Basics

• History
• Signs & Symptoms
• Visual Acuity
  - with Rx
  - with Pinhole
• Pupil Reflexes
• External Examination
• Internal Examination