The Impact of SIGN 144 Guideline and Education on Glaucoma Referrals in Tayside: A Closed-Loop Audit

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Introduction

Approximately 20% of ophthalmology referrals in Scotland are related to glaucoma, the majority of which are provided by community optometrists. The Scottish Intercollegiate Guideline Network (SIGN) 144 guideline¹ for appropriate referrals and safe discharge was launched in March 2015 to streamline the interface between primary and secondary care where glaucoma is concerned.

An audit completed in 2016 comparing the ‘pre-guideline introduction’ (PRE) and ‘post-guideline introduction’ (POST) periods revealed notable improvement in documentation of risk factors, pachymetry and fundal image. Nevertheless, some areas were consistently underdocumented such as repeat tonometry, iridocorneal angle assessment and optic disc size. The results of the audit were discussed with the Local Area Optometric Committee and the importance of provision of efficient eye care delivery was reinforced.

Here we evaluate the downstream impact of the SIGN 144 guideline on referrals now that a further intervention has been implemented and the guideline has been in place for at least 18 months.

Results

The vast majority of referrals in NHS Tayside were consistently of a high standard. The audit data shows that the quality of referrals has improved across most domains, and in particular the documentation of tonometry, repeat tonometry, pachymetry, assessment of disc size and the number of referrals sent with attached fundus images and visual fields. As such, the quality of referrals is improving.

It would appear that the number of glaucoma referrals to secondary care has increased, from 66 in total before (PRE plus POST) to 144 during this cycle. As a result, the average time to clinic has risen from around 50 days to 60 days.

We are diagnosing more Primary Open-Angle Glaucoma (POAG) now than during the previous time periods, as well as discharging fewer patients from secondary care, therefore we believe the quality and appropriateness of referrals continues to improve.

References


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