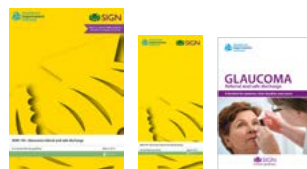


The impact of SIGN guidelines

SIGN 144 Glaucoma referral and safe discharge

Why it was needed

- Glaucoma was the third most common issue that resulted in a risk of sight loss or blindness in Scotland in 2015.
- It accounts for 20% of referrals from primary to secondary care, and with an ageing population referrals are expected to increase.
- Two aims of the guideline were to:
 - improve the accuracy of referrals of patients with suspected glaucoma from community to secondary-eye-care services
 - decrease false positive referrals to secondary-eye-care services.



What we did

- Co-ordinated a multidisciplinary group who followed the SIGN methodology to produce the guideline.
- Ran a nationwide consultation on the draft guideline.
- Produced the full guideline, quick reference guide and patient version; all of which are available in hard copy, PDF via the website, or the app.
- Supported implementation by highlighting training needs and key points for audit relevant to the guideline.
- Raised awareness of the guidance once published.

18
multidisciplinary
group members

33
expert peer
reviewers

131
people attended the national open
meeting to review the draft guideline

Who with

- Eighteen people formed the multidisciplinary, geographically representative guideline group; including two HIS staff members and one lay representative.
- Thirty three expert peer reviewers commented on the draft guideline.
- One hundred and thirty one people, representing all the relevant specialties, attended the national open meeting to review the draft guideline.
- Three members of SIGN Council undertook the final editorial of the guideline.
- The guideline was created for community optometrists, GPs, hospital-based healthcare professionals involved in glaucoma care and patients and carers.

294
community optometrists attended
a NES training course

>66,800
copies of SIGN 144 products accessed
since publication

What they learnt and did

- Over 66,800 copies of SIGN 144 products have been downloaded or distributed in the 21 months since publication.
- These have been sent all over Scotland including to:
- hospital out-patient departments
 - GP practices
 - high street optometrists
 - a prison
 - health board clinical governance teams
 - NHS Education for Scotland
 - Optometry Scotland, and
 - private individuals.

The year after the guideline was published NES ran 15 training courses in 13 locations addressing the training need identified in the guideline. Two hundred and ninety four community optometrists attended the training.

At least three secondary care-based audits focussed on the key points outlined in the guideline were undertaken.

NES and SIGN ran a workshop at the 2017 NES annual optometry conference focussed on the guideline and its impact so far.

6 'I feel more confident in
my decision making'

+  **-**
increase in
accuracy
of referrals decrease in
false positive
referrals

The impact it made

- In line with the aims of the guideline:
 - accuracy (completeness) of referrals from community optometrists have improved
 - rates of false positive referrals from community optometrists have decreased.
- Community optometrists reported:
 - increased measurement and reporting of recommended parameters
 - increased confidence in their decision making and patient management.