

Why does glaucoma matter in 2020?

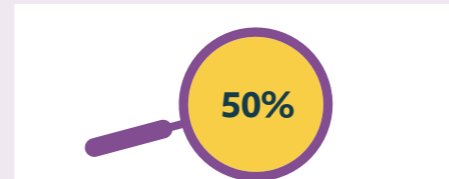
- Glaucoma is a group of eye diseases that damage the optic nerve.
- Most early stage glaucoma is asymptomatic and requires an eye test to diagnose.
- Untreated glaucoma leads to irreversible sight loss and even blindness.



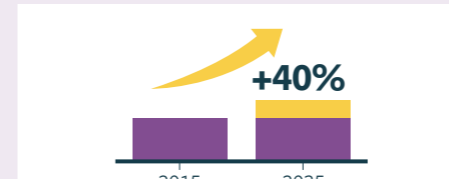
People in the UK estimated to have glaucoma¹



Of current ophthalmology hospital outpatient activity is monitoring and treating glaucoma²



Estimated cases go undetected³
With improving technology, it is probable that a progressively greater percentage of prevalent cases will be diagnosed.



Projected increase in glaucoma cases²



Approximate UK blindness registrations linked to glaucoma⁴



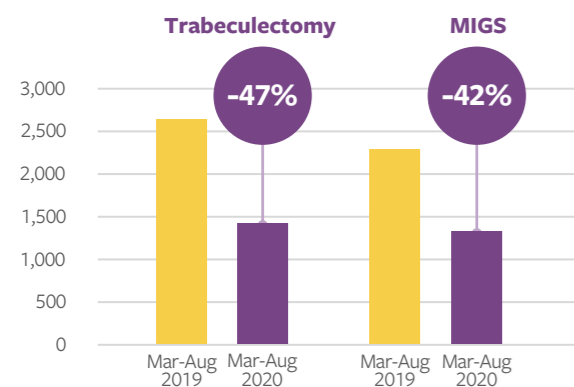
Approximate number of people a month experiencing severe or permanent sight loss due to delays⁵

Effect of COVID-19

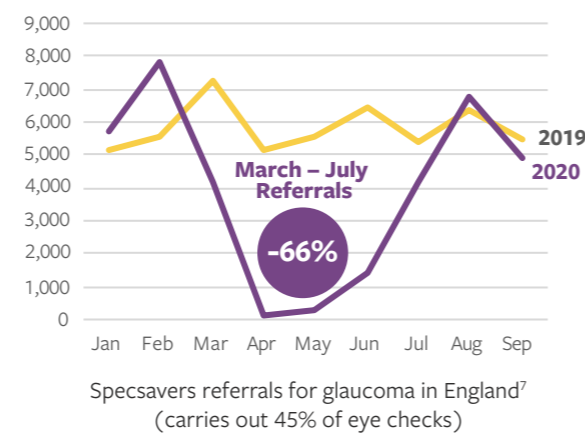
The pandemic has had a significant impact on glaucoma services. Closure of clinics, social distancing requirements and staff redeployment has led to:

- Large reduction in hospital referrals
- Reduced outpatient appointments
- Cancellation of waiting list surgery
- Increased tele-appointments.

COVID-19 has delayed surgical procedures which are generally carried out for people at highest risk of losing sight.

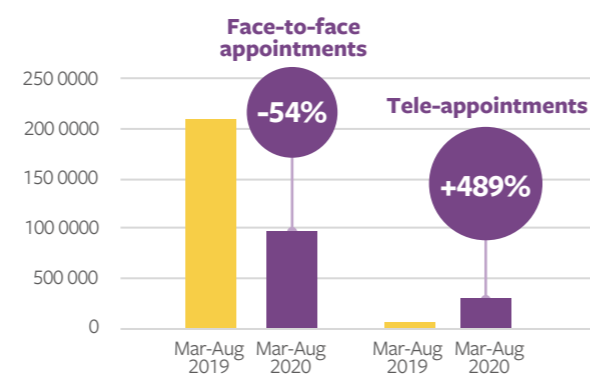


Glaucoma related procedures in England⁶



Specsavers referrals for glaucoma in England⁷
(carries out 45% of eye checks)

Tele-appointments alone cannot replace face-to-face appointments for glaucoma. Deterioration is asymptomatic so patients need to be risk-stratified and tested in person.



Outpatient appointment activity in England⁶

IMPACT ON PATIENTS:

- Prior to the pandemic, inadequate service capacity and lack of timely follow-up for glaucoma patients was a recognised national issue causing avoidable sight loss.⁵
- The further constraints brought about by COVID-19 have dire consequences for people with glaucoma.
- Fewer glaucoma patients are able to access in-person eye checks, which is the only way to assess glaucoma and save sight.



ACTION PLAN:

- 1 Implement a risk stratification process to identify patients who need to be followed-up as a priority.
- 2 Ensure systems are in place to manage the patient backlog; this will require innovative solutions that include the wider multidisciplinary team.
- 3 Make all patients aware of their risk level and what that means for their care.
- 4 Integrate systems to ensure electronic patient records are accessible across community and hospital-based care.

References

1. RNIB (2017) The state of the nation. Eye health 2017: A year in review.
2. Royal College of Ophthalmologists (2017) The way forward glaucoma.
3. Burr JM et al. (2007) The clinical effectiveness and cost-effectiveness of screening for open angle glaucoma: a systematic review and economic evaluation. Health Technol Assess;11(41):iii-iv, ix-x, 1-190.
4. Clinical Council for Eye Health Commissioning (2016) Commissioning guide: glaucoma (recommendations).
5. Healthcare Safety Investigation Branch (2020) Lack of timely monitoring of glaucoma patients.
6. Quantis Covid-19 Tracker data, Wilmington Healthcare.
7. Specsavers data on file.
8. NHS, available at: www.england.nhs.uk/outpatient-transformation-programme/patient-initiated-follow-up-giving-patients-greater-control-over-their-hospital-follow-up-care/

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