

**Service Implementation - Do Once and Share
Glaucoma Action Team**

Terms of Reference

V1.0

Nov 2005

1. BACKGROUND

Glaucoma as defined for this DOAS project refers to primary open angle glaucoma (POAG), normal tension glaucoma (NTG) and includes ocular hypertension (OHT), a strong risk factor for developing glaucoma. Glaucoma is a chronic disease and necessitates life-long follow-up. Left untreated the natural history of the disease is for progressive visual field loss, leading to irreversible blindness. As such glaucoma causes significant visual disability accounting for at least 13% of blind registrations and 11% of partial sight registrations. It is estimated that 1-2% of people of 40 years of age and over are likely to have glaucoma, and this rises to about 7% in persons over 75 years of age.

Glaucoma management has been evolving rapidly in recent years and several models exist emphasising co-management between professional groups, and between primary and secondary care. Currently opportunistic case detection by optometrists in primary care is the single most frequent route of referral to the Hospital Eye Service, but there is no single test to reliably detect those with and those without glaucoma. Emerging evidence from clinical trials indicates that reduction in intra-ocular pressure (IOP) can significantly delay disease progression.

Whilst there are guidelines for the management of glaucoma (Royal College of Ophthalmologists 2004), variations in practice exist regarding models of care, service delivery and organisation, and as yet there is no established consensus on an overall care pathway for glaucoma spanning from primary to secondary care. Subsequently there is no apparent agreement on a core dataset and related information flows for glaucoma management. Several recent national initiatives have explored how eye care health services may be delivered in a more accessible and efficient manner – and inevitably this has included glaucoma:

- *National Eye Care Services Steering Group Report – 2004*. This recommended development of integrated care pathways across primary, secondary and social care whilst making best use of clinical skill-mix and expertise
- *Modernisation Agency: “Action on Ophthalmology” - 2003*
“Action on Eye Care Services” – taking forward the recommendations from the National Eye Care Services Steering Group through a series of pilot projects that are due to report shortly.
- *National Screening Committee – Glaucoma Working Group* – this is re-convening shortly to consider recent developments in the detection and management of glaucoma that may inform the need (or otherwise) for a national screening programme.

The collective findings, conclusions and recommendations from these national initiatives will clearly inform and contribute to this DOAS project. In addition examples of best practice across the country will also be sought, and the evidence under-pinning recommendations for a proposed pathway will be sought and provided through the Eyes and Vision Specialist Library of National Library for Health (NLH).

This is an important opportunity for clinicians to engage in, and inform the Connecting for Health Programme, and in order to succeed both in the short term and long term, and obtain sustained stakeholder ownership, it will be essential to get professional body support.

The project team will be based at Moorfields Eye Hospital NHS Foundation Trust and overseen by North East London Strategic Health Authority.

2. MEMBERSHIP of ACTION TEAM	
2.1 Names	Responsibilities
Clinical Project Lead – Parul Desai	<ul style="list-style-type: none"> ▪ Draw up scoping document. ▪ Initiate and encourage engagement of stakeholder groups and professional bodies. ▪ Provide clinical credibility to the outputs. ▪ Lead and supervise the development of care pathway. ▪ Lead and supervise work on datasets and information flows. ▪ Supervise the writing of the various reports and documentation. ▪ Regular reporting and feedback to North East London SHA.
Project Manager – Giash Ahmed	<ul style="list-style-type: none"> ▪ Work with Clinical lead to develop project-specific terms of reference, a detailed project plan and milestones. ▪ Provide administrative support to the project. ▪ Ensure project milestones are met. ▪ Organise and support meetings. ▪ Regular informal and formal reporting to the DOS Project Manager. ▪ Communicating widely with all stakeholders – providing a point of reference and contact for them. ▪ Liaise with programme manager and North East London SHA to report regularly on progress. ▪ Prepare interim and final reports in collaboration with the clinical lead.
Clinical Research Fellow – Kash Qureshi	<ul style="list-style-type: none"> ▪ Collate the evidence base for management of glaucoma, models of service delivery and organisation and identify examples of best practice across the country. ▪ Collate outputs from national initiatives on glaucoma care. ▪ Develop care pathway, incorporating consensus of opinion, evidence base and examples of best practice. ▪ Author handbook.
3. REPORTING ARRANGEMENTS	
3.1 Reporting to the DOAS Programme	
<ul style="list-style-type: none"> • Monthly Highlight Report, Monthly Risk and Issue log. • Interim report: 3 month report to the DOAS programme manager. • Final report: end of 6 months to the DOAS Programme manager. • Minutes of National Steering Committee meetings. 	
3.2 Reporting to the SHA	
<ul style="list-style-type: none"> • Monthly update reports (to include risk issues) will be sent to Dr Sheila Adam, North East London SHA. • Interim report at 3 months. • Final report at end of 6 months. • Exception reports as required. • Minutes of National Steering Group meetings. 	
3.3 Project Plan	
Please see attached.	

<p>3.4 Monthly Report</p> <p>Monthly update with DOAS Project Manager (Liz Wakefield) progress report, highlight any risks and issues.</p>
<p>4. COMMUNICATIONS</p>
<p>E.g. Frequency of meetings, use of minutes, reports and agendas).</p> <p>Action Team : Team meet regularly and feed back as necessary to the National Steering Committee, DOAS Central Team, North East London SHA and community of practice (as this develops) – by email, web-page and conventional correspondence.</p> <p>Community of Practice : a dedicated web-based forum developed for engagement, consultation and feedback from healthcare professionals involved in glaucoma care, patients and health service managers.</p>
<p>5. MANAGEMENT OF RISKS AND ISSUES</p>
<p>These will be monitored on a regular basis and reported in the Monthly Report. Actions as necessary will be taken by the Clinical Lead in consultation with the DOAS Project Manager and DOAS Central Team.</p>
<p>6. TIMETABLE</p>
<p>Start 14th November End 14th May 2006</p>
<p>7. ANY OTHER INFORMATION</p>