

Herefordshire LOC

STable wet AMD in the Community
STAC

Criteria for Discharge to STAC

- Stable AMD without treatment for more than 6 months and less than 1 year.
 - *If stable in HES for more than 1 year, can be discharged for self monitoring.*
- Herefordshire GP
 - *Non Herefordshire patients are maintained within HES post last treatment prior to discharge*
- Referral only to an accredited practice with an accredited practitioner and a contract to provide STAC

Requirements for Accredited Optometrist

- To be overseen by an optometrist with College of Optometrists Professional Certificate in Medical Retina
- Access to LogMAR
 - Converting snellen to LogMAR not acceptable
 - Online LogMAR available at www.openoptometry.com
- OCT

Management plan of **Stable wet AMD** patient in **Community**

(for virtual reviewer to complete, Retinal coordinators to copy for notes and distribute to appropriate optometrist)

Please attach patient sticker

VEU → STAC

scheme

	Right	Left
Diagnosis	Wet AMD ☐	Wet AMD ☐
logMAR VA		
Best VA on treatment		
Phakic status	Phakic ☐ Pseudophakic ☐	Phakic ☐ Pseudophakic ☐
Total No of Previous intravitreal treatments		
Date of last treatment		
Stable eye tick as appropriate (R or L or both) (at least 6 months with no treatment)		
Tick if eye deemed untreatable (do not refer back for this eye)		
Presence of stable features of AMD	Drusen ☐ Pigment changes ☐ Geographic Atrophy ☐ Subretinal fibrosis ☐ Intraretinal tubulations ☐ Atrophic lamellar hole ☐ atrophic cysts ☐	Drusen ☐ Pigment changes ☐ Geographic Atrophy ☐ Subretinal fibrosis ☐ Intraretinal tubulations ☐ Atrophic lamellar hole ☐ atrophic cysts ☐
Other ophthalmic comorbidities		
Date of Discharge review		Signature

Process for discharge

- Decision to discharge to STAC made within the virtual review clinics.
- STAC discharge paperwork completed by clinician
- Retinal Team contact patient to confirm preferred practice for referral
- Retinal Team complete the discharge module on Pharmoutcomes
- Participating practice receives the referral, and needs to either accept or reject the referral. If you reject a referral, please also contact the retinal team separately to discuss.
- Referral will indicate whether requires either:
 - Scan at 2 weeks post discharge to act as a baseline. Typically ambiguous features.
 - “Normal” pathway scan at 2/12.
- Please double check the referral for errors. Query any suspected errors at amd.fasttrack@nhs.net

STAC Protocol

- History: any new patient symptoms
- LogMAR VA and Pinhole
- Dilation with Tropicamide 1%
- Dilated Macular OCT
- If stable, monitor 2 monthly for 3 visits then discharge to self monitoring.
- If new activity refer back to HES via amd.fasttrack@nhs.net ***requesting immediate re-treatment rather than repeat angiography***

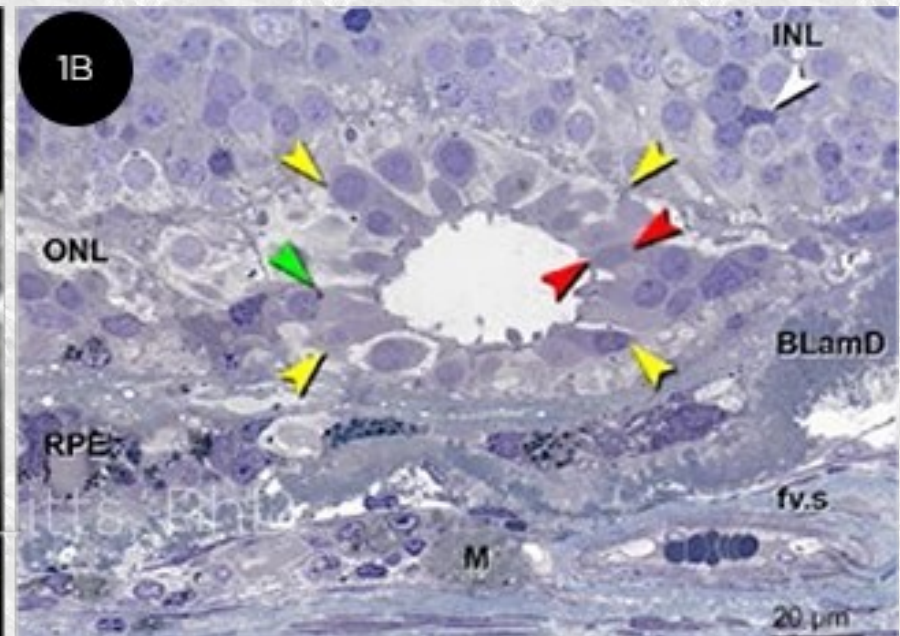
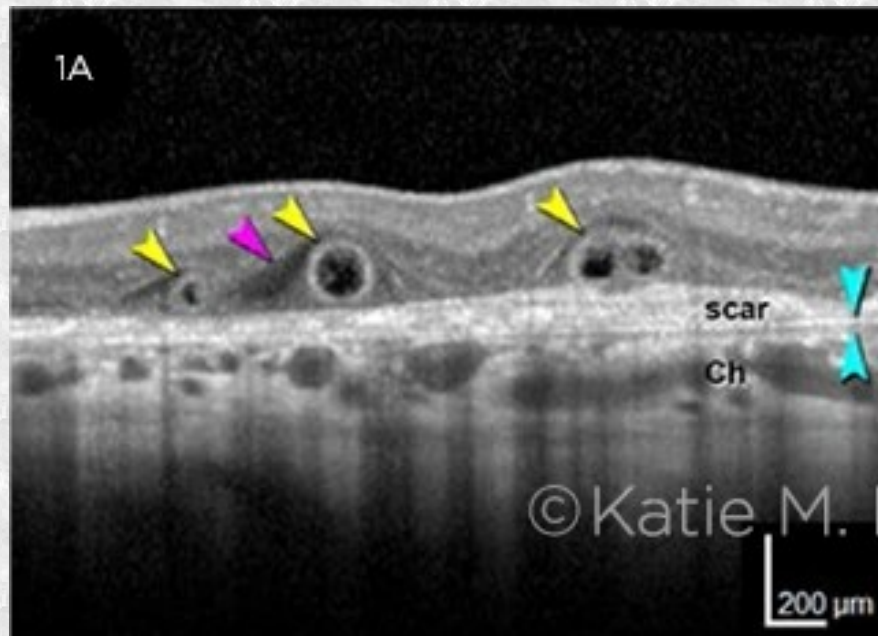
Checklist Indication for Re-Referral

- Reduction in vision by 5 or more letters, associated with enlargement of area of sub-retinal hyper-reflective tissue growth (CNV growth)
- Presence of any new haemorrhage
- Presence of new IRF or SRF
- Increase in size of PED
- Other (specify)

Re-referral Guidance

- Re-Referral from the community not indicated if the eye in question has been deemed untreatable – even in the presence of new signs of active WAMD in that eye.
- Re-Referral not indicated for chronic features such as tubulations (as distinct from IRF), or for stable atrophic spaces in the retina unless other signs of activity are present.

Tubulations



No previous Treatment

- Recently, George Morphis has sought to discharge some untreated eyes:
 - VA too good for NICE guidelines ie 6/7.5, with confirmed CNV.
 - Needs to be seen in clinic – unlike other patients with signs of new/changed wet activity who go straight to re-injection. There will be a new outcome option added in the coming weeks.

Failsafing

- Please ensure all patients are followed up.
- Claim is generated only for 1st, 2nd or 3rd visit. If you select FTA/unable to contact px etc it does not log a claim, but demonstrates px not been forgotten.
- Return patients to HES who do not engage.
- Follow up any referral for either re-injection or for clinic review with the macular team via email.