

Herefordshire LOC

STable wet AMD in the Community
STAC
Revised 2025

Criteria for Discharge to STAC

- Stable AMD without treatment for more than 6 months and less than 2 years.
 - *If stable in HES for more than 2 years, 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 paractitioner 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 <input type="checkbox"/>	Wet AMD <input type="checkbox"/>
logMAR VA		
Best VA on treatment		
Phakic status	Phakic <input type="checkbox"/> Pseudophakic <input type="checkbox"/>	Phakic <input type="checkbox"/> Pseudophakic <input type="checkbox"/>
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 <input type="checkbox"/> Pigment changes <input type="checkbox"/> Geographic Atrophy <input type="checkbox"/> Subretinal fibrosis <input type="checkbox"/> Intraretinal tubulations <input type="checkbox"/> Atrophic lamellar hole <input type="checkbox"/> atrophic cysts <input type="checkbox"/>	Drusen <input type="checkbox"/> Pigment changes <input type="checkbox"/> Geographic Atrophy <input type="checkbox"/> Subretinal fibrosis <input type="checkbox"/> Intraretinal tubulations <input type="checkbox"/> Atrophic lamellar hole <input type="checkbox"/> atrophic cysts <input type="checkbox"/>
Other ophthalmic comorbidities		
Date of Discharge review		Signature

Process for discharge

- Decision to discharge to STAC made within the virtual review clinics.
- STAC dsicharge paperwork completed by clinician
- Retinal Team contact patient to confirm preferred practice for referral
- Retinal Team complete the discharge module on Pharmoutcomes
- Participating practice recieves 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 week spost discharge to act as a baseline. Typically ambiguous features.
 - “Normal” pathway scan at 3/12.
- 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 3 monthly until 2 years after the last treatment, then discharge to self monitoring.
- If new activity refer back to HES via Pharmoutcomes, but also confirming re-referral at amd.fasttrack@nhs.net ***requesting immediate retreatment rather than repeat angiography***

Checklist Indication for Re-Referral

- Reduction in vision by 5 or more letters, associated with enlargement of area of subretinal hyperreflective 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 form 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.

Failsafing

- Please ensure all patients are followed up.
 - Claim is generated only for 1st, 2nd or 3rd visit. STAC now covers up to two years, so please select “3rd visit” for each subsequent 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.