

At the time of writing Aldeburgh are planning to proceed but Felixstowe remains under consideration. If the Community Glaucoma Clinic can only be set up at Aldeburgh initially then it will still be offered to all Coastal patients but will not be very convenient for many. Patients will have the choice of preserving the status quo at Ipswich or joining the Aldeburgh Clinic with the longer journey but free and close parking!

HOW DO I JOIN THE NEW CLINIC?

Please ask your GP if you would like to join the clinic and he/she will register your interest and details with the Administrator, Hollie Farthing from Saxmundham Health Group. Practices will all be notifying patients they think are suitable but if you think you know someone who may be eligible then please make an enquiry through your Practice.

DON'T FORGET.

This Community Glaucoma Clinic is a new pilot that relies on the goodwill and determination of the Hospital Administration, Ophthalmology Department, Coastal General Practices and Community Hospital fund-raisers. It is designed to improve and enhance the service to a vulnerable group of our patients. As our population gets older, the management of potentially disabling long-term conditions needs fresh, modern review. This is the first attempt under Practice Based Commissioning for Suffolk Coastal GPs to work together and actively try to improve the care our patients receive.

Dr Davenport & Partners – Felixstowe

Dr Edwards & Partners – Kesgrave

Dr Fielder & Partners – Debenham

Dr Haigh & Partners – Woodbridge

Dr Havard & Partners – Saxmundham

Dr Jones & Partners – Wickham Market

Dr McGough & Partners – Aldeburgh

Dr McKee – Felixstowe

Dr Moffatt & Partners – Framlingham

Dr Osler & Partners – Leiston

Dr Rowe & Partners – Felixstowe

Dr Silovsky & Partners – Felixstowe

Dr Taylor & Partners – Woodbridge

Dr Yates & Partners – Alderton



COMMUNITY GLAUCOMA CLINICS

A Suffolk Coastal GP project for people with glaucoma to try and keep their vision as sharp as possible...



...for as long as possible.

Glaucoma is the name for a group of diseases that cause progressive damage to the nerve of the eye that takes sight messages to our brains. The damage is usually very gradually progressive but irreversible and so both early detection and accurate monitoring are crucial to maintain as much sight as possible.

WHAT IS GLAUCOMA?

There are two main types of glaucoma, open angle glaucoma and closed angle glaucoma.

Open angle glaucoma is the most common form and our target group. It results from 'blocked drains' in the eye over many years causing back pressure in the water of the eye. The build up of pressure inside the eye is painless as well as slow. If it is not treated then the field of vision is reduced as the eye nerve is gradually damaged. Eventually only a small area of central vision remains (tunnel vision) before sight is lost completely. Most people do not notice any symptoms until they have some loss of vision but by this time the eye nerve may be permanently damaged. This is why regular screening tests are important over the age of 40

This Coastal Glaucoma pilot has been set up by all the Coastal GP Practices to try to improve the care of patients with glaucoma with the goal of maintaining their vision and independence.

WHY NOW?

The Government has introduced a scheme called 'Practice Based Commissioning' which gives General Practices the opportunity to focus on particular priorities that they feel are important and relevant to their communities. Your Practice is one of these Coastal Practices (listed overleaf) that have decided to make better and more convenient management of Glaucoma one of their priorities.

WHY GLAUCOMA?

Selecting this particular clinical topic was the result of balancing many demands. Firstly we needed to choose something that was relevant to the communities we serve.

Now glaucoma affects 2% of people over 40 and a larger percentage as people get older. Our population is both rural and elderly so a greater than average national disease incidence and further to travel with some visual impairment were pertinent factors.

The decision was also consistent with Government themes on providing more services locally and making better use of both skills and technology.

NEW TECHNOLOGY

As mentioned above, the progression of Glaucoma is insidious and subtle. We monitor it in the following ways at present:

1. Look at the back of the eye using a special torch (ophthalmoscope). Damage to the eye nerve can often be seen directly.
2. Measure the internal pressure of the eye (tonometry). This is often done with a device that blows a small puff of air onto the eyeball.
3. Measure the field of vision, by showing a sequence of tiny light spots and asking which can be seen.

There is now an expensive new machine that is proving very useful in detecting the earliest changes by using painless laser photography. It is called the Heidelberg Retinal Tomogram 3 and it costs about £30,000!

Since Ipswich Hospital do not have one, if we can acquire a machine then we have the possibility of providing better care for patients away from the hospital than they currently receive. Essentially this means that specially trained Ophthalmic Nurses can now collect four clues as to the state of disease progression and not three. The ophthalmoscope findings, eye pressures and visual field analysis can be combined with the HRT 3 results on a special piece of computer software. This information can then be reviewed by the Ipswich Glaucoma Consultant, Mr William Kiel, and treatment and monitoring decisions can be made. He will therefore not necessarily need to attend every clinic himself but will retain overall clinical control.

HOW CAN WE AFFORD THIS MACHINE?

We are fortunate to have Community Hospitals in our area that we are fighting to preserve. If we are able to move more services out to them then this will help their cases. The initial vision was to persuade the Leagues of Friends at Aldeburgh and Felixstowe to pay for the equipment that would be permanently housed at those Community Hospitals.

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