

Glaucoma referral refinement protocol

Introduction

The numbers of patients who are referred for suspect chronic open angle glaucoma and then found to have no glaucoma is around 40%. These false positive referrals cause unnecessary anxiety to the patient, paperwork for the practitioner and a waste of local hospital resources. The aim of this scheme is to enable optometrists to refine their own referrals for glaucoma prior to deciding whether or not a patient should be referred. This can be done by repeating suspicious IOP measurements, preferably at a different time of day, using an applanation method (Perkins or Goldmann) and repeating visual field tests on a separate occasion.

Key Points

Chronic open angle glaucoma is an optic neuropathy documented by visual field loss and optic disc changes for which raised IOP is a risk factor – it cannot be diagnosed by a single parameter.

Primary open-angle glaucoma can occur at any IOP.

Glaucoma patients tend to have higher IOP's in the morning.

Approx 5% of the over 50s will have an IOP measured greater than 21mmHg on a single visit.

Early optic disc changes may precede visual field defects.

Ptosis, spectacle lens rim, refractive error, pupil size all affect visual field results.

Acute glaucoma (angle closure or rubeotic) is a referral emergency.

Referral of pressures over 35mmHg and raised pressure in the presence of signs of chronic uveitis should be considered urgent and not within the scope of this scheme.

Definite post-chiasmal and chiasmal visual field defects should be referred and not repeated using this scheme.

This framework does not include every instance in which the patient should be referred and is not intended to be a substitute for professional judgement. Consideration should be given to inter-eye symmetry and changes from previous clinical findings.

If in doubt refer.

Criteria for repeating fields and/or pressures

Please note that the scheme only applies to **patients who are registered with a Bexley Care Trust GP**. The following criteria are evidence based and should be considered as the main guidance for the signs when the optometrist can repeat fields/IOP under this scheme. However, there may be other occasions where the Optometrist is intending to refer but would like to recheck suspect measurements. If this has the potential to avoid a referral, then the use of the scheme is permitted so long as the reason behind the action is documented on the record card, as it will be subject to audit. It is expected that the vast majority will fall within these criteria.

IOP alone (i.e. normal fields and disc appearance) – IOP >23mmHg in either eye by applanation or non-contact tonometry (nb at least 3 air puff readings should be taken on each eye) or IOP >21mmHg if patient is in a high risk group (family history or race)

Visual field alone (i.e. normal IOP and disc appearance) – visual field loss (i.e. 'suspicious' or 'defect' on Henson or equivalent).

IOP and disc appearance (i.e. normal fields) – IOP >19mmHg in either eye *and* disc cupping of 0.5 or greater in that eye *or* IOP >19mmHg in one eye with cupping of that eye 0.2 or more greater than the other eye *or* IOP >19mmHg in one eye with documented change in disc cupping of 0.2 or greater.

Referral refinement

If a patient falls into any of these categories ***the optometrist*** should recheck the suspicious findings. This means that if the patient's IOP meets the criteria the optometrist should recheck this using an applanation method (*not* NCT). If there is a field defect present, the optometrist should repeat the visual fields (full or supra threshold technique – *not* FDT, although this can be done as the 'first' fields) on a separate occasion. The optometrist can claim an additional fee for repeating these tests. The fees, payable per patient, are:

**£10 for performing/repeating applanation tonometry,
£14 for repeating (full or supra-threshold) fields, or
£20 for repeating applanation tonometry and fields**

If the patient is referred to hospital it is important to put all the clinical information in the referral letter and include a copy of the repeated visual field plot, so that the ophthalmologist can prioritise the referral. A sticker is to be attached to the referral letter to show refinement has been done. Failure to adequately complete a full and legible referral letter will result in non-payment of the additional fee.

Referral criteria include

IOP alone: IOP 24 mmHg or greater by applanation tonometry.

IOP with risk factors: IOP 22mmHg or greater on two occasions if patient is in a high risk group (family history, race)

Visual field alone – consistent glaucomatous-type defect

Optic disc appearance alone – pathological cupping must be unequivocal (ISNT rule broken, notching, haemorrhage). Disc size should be considered when deciding whether or not discs are suspicious – large cups on large discs are less likely to be suspicious than large cups on small discs.

IOP and discs – IOP of 22mmHg or greater (by applanation) along with suspicious optic disc or cup asymmetry of 0.2 or greater (0.1 or greater if the patient has a family history of glaucoma).

Discs and fields – if both show definite glaucomatous change, IOP is 'irrelevant'.

Change in optic disc – documented change in disc appearance (i.e. cup size, neuroretinal rim configuration, new haemorrhage or change in cup/disc of 0.2 or greater).

Payment

Practitioners should ask patients to sign the payment form to consent to the transfer of their information to the PCT. These should be sent, along with the payment summary form, to Christine Pearson at Station Road, Maidstone. These forms can be photocopied as required or are available as pdf or Word files. **Please can you send these forms in monthly or quarterly for payment, rather than individually.**

This scheme will be carefully audited so practitioners should carefully document why they have repeated fields or pressures so this information is available to the Care Trust upon request. The Care Trust also reserves the right to delay/withhold payment for failure to follow the agreed protocol. The aim of the scheme is to reduce the numbers of inaccurate glaucoma referrals and it will be evaluated according to this aim. **A fee for repeat fields/IOP can only be claimed once per patient per year. This scheme is designed to reduce the number of inappropriate NHS referrals and so can be used for both NHS and private patients.**

David Parkins - Clinical Lead Optometrist