SUPPORTING INFORMATION – Update January 2010

The referral refinement form for Glaucoma is to be used for patients assessed by an accredited optometrist/OMP, practising in Gloucestershire. The patient must also be registered with a Gloucestershire GP practice. Patients who do not meet with these criteria cannot be referred via the referral refinement process and will be referred in the usual way. Payment for a referral refinement will be made for those patients who meet the criteria and for referral forms that are completed in full.

All glaucoma referrals via the refinement scheme must satisfy the following criteria: Patients aged up to 64 years IOP greater than or equal to 22mm Hg, for patients aged 65+ IOP greater than or equal to 25mm Hg, on two separate patient visits, measurement recorded twice at each visit, using Goldmann/Perkins applanation tonometer only (non-contact tonometry is not permitted). If initial measurement greater than or equal to 30mm Hg and/or angle closure is suspected, repeated IOP measurements, on one occasion are sufficient for referral. Regardless of IOP, if optic disc appearance is glaucomatous and/or a presence of a reproducible visual field defect (evident on two separate occasions) using an automated perimeter, then refer (see summary table below). Please ensure visual fields plots are attached to the referral.

MEDICAL AND OPHTHALMIC HISTORY AND RISK FACTORS FOR GLAUCOMA

Please ensure all questions on the referral form are asked and all answers are clearly and legibly recorded

Medical History:
- Heart Disease: any cardiac disease that requires treatment
- Lung Disease: includes Asthma and Obstructive Airways Disease
- Peripheral Vascular Disease: includes poor circulation, atherosclerosis and Raynaud's Disease
- Other: Any other relevant history

Please tick if patient is using Warfarin or an inhaler. It is not necessary to list other medications but please ask patient to take their current medication/prescriptions to their ophthalmology appointment.

Ophthalmic History
- Eye drops: please specify any current ocular medication
- Cataract surgery: please tick if patient has had cataract(s) removed
- Other surgery: please specify any other ocular surgery

Risk Factors: please tick all risk factors that apply
- Family History: 1st degree relatives are parents and siblings, 2nd degree relatives are other relatives

CLINICAL INFORMATION

Visual Acuity
- Record best corrected visual acuity, or select acuity from drop-down menu.

Refraction
- Complete for sphere, cylinder and axis.

Intra-ocular pressure
- Record two measurements of IOP with Goldmann/Perkins applanation tonometer, on two separate patient visits and record time of day. Non-contact tonometry is not permitted, if Goldmann/Perkins tonometry is not performed please state clearly the type of alternative tonometer used and the reason.

In the absence of abnormal optic disc and/or abnormal visual fields, patients with IOP's less than 22mm Hg in each eye (or 25mm Hg in each eye for patients aged 65+), but with a significant inter-eye difference (10mm Hg or greater) need to be referred.
Anterior chamber

Grade and record peripheral anterior chamber depth with classification of Grade 0 = irido-corneal contact, Grade I = < ¼ corneal thickness, Grade II = ¼ to ½ corneal thickness, Grade III = > ½ corneal thickness. Grade 0 and Grade 1 are considered occludable and patients may describe symptoms of intermittent angle closure. Classic symptoms include intermittent pain, haloes and intermittent blurring of vision, especially after reading. If a patient has an IOP of 22mm Hg or greater, with potentially occludable angles, and/or symptoms then refer. If IOP is less than 22mm Hg and patient has both symptoms and occludable angles then refer.

Cornea

Tick “abnormal” if opacity, oedema or SPK is present.

Lens/cataract

Grade extent of any cataract or tick if intra-ocular lens in situ.

Other findings

Tick if pseudo-exfoliation or pigment dispersion is evident. Any other relevant anterior segment findings may be included and previous IOP’s can be listed here with dates.

Optic Disc features

Please record c:d ratio and tick any evidence of glaucomatous signs. Please tick if you consider the disc to be normal or abnormal i.e. glaucomatous. Vertical cup:disc asymmetry of 0.2 or greater, in the presence of comparable disc size, also necessitates referral.

Visual Field

Tick box if visual field is considered either normal or abnormal on two separate visits, i.e. reproducible glaucomatous loss. Please ensure the patient’s near refractive error is corrected, where appropriate.

Referral Priority

Please indicate whether you consider the referral to be urgent, soon or routine priority. However, the priority will be determined by the consultant ophthalmologist on receipt of your referral.

REFERRAL SUMMARY

<table>
<thead>
<tr>
<th>IOP (mm Hg)</th>
<th>Angle Grade</th>
<th>Symptoms of angle closure</th>
<th>Disc</th>
<th>Visual Field</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients aged up to 64 years:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 22</td>
<td>Less than 25</td>
<td>Any</td>
<td>Yes/No</td>
<td>Abnormal</td>
<td>Normal</td>
</tr>
<tr>
<td>Less than 22</td>
<td>Less than 25</td>
<td>Any</td>
<td>Yes/No</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Greater than or equal to 22, less than 30</td>
<td>Greater than or equal to 25, less than 30</td>
<td>Any</td>
<td>Yes/No</td>
<td>Normal/Abnormal</td>
<td>Normal/Abnormal</td>
</tr>
<tr>
<td>Greater than or equal to 30 *</td>
<td>Any</td>
<td>Yes/No</td>
<td>Normal/Abnormal</td>
<td>Normal/Abnormal</td>
<td>REFER</td>
</tr>
<tr>
<td>Greater than or equal to 22*</td>
<td>0/I</td>
<td>Yes/No</td>
<td>Normal/Abnormal</td>
<td>Normal/Abnormal</td>
<td>REFER</td>
</tr>
<tr>
<td>Less than 22*</td>
<td>0/I</td>
<td>Yes</td>
<td>Normal/Abnormal</td>
<td>Normal/Abnormal</td>
<td>REFER</td>
</tr>
</tbody>
</table>

(* IOP needs to be measured twice on one visit only, in order to initiate referral)

When all parts of the form have been completed please ensure your referral is signed and dated. Please refer to the Administration Guidance for information on where to send the form.

The form should have FOUR copies:

1. Ophthalmology - please firmly attach all relevant visual field printouts to this copy.
2. Optometrist – for your records
3. GP
4. Audit

Copies of the form may be downloaded from the LOC website www.glosloc.co.uk or by email from Frances Reilly at frances.reilly@glos.nhs.uk. If you do not have access to either the website or email additional carbonated copies may be obtained by contacting Frances Reilly on 08454 224736.