

Raised intraocular pressure

Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Section A Raised intraocular pressure

Referral of patients with raised ocular pressure to specialist hospital services should not be made where all of the following apply:

1. Intraocular pressure up to and including 23.9 mmHg

AND

2. Normal visual fields

AND

3. Normal optic discs.

Pigment dispersion syndrome or pseudoexfoliation without raised pressures or glaucoma

IMPORTANT NOTE: Where acute angle closure is suspected, patients should be referred directly to secondary care and repeat measures will not be required.²

Referral is not required for all asymptomatic suspected narrow angle unless they meet the following criteria:

Limbal chamber depth of $<1/4$ (or Anterior segment OCT showing contact) PLUS one of the following:

- People with only one “good eye” in which deterioration of vision may threaten independent living or livelihood
- Vulnerable adults who may not report ocular or vision symptoms
- Family history of significant angle closure disease
- High hypermetropia ($> + 6.00$ dioptres)
- Diabetes or another condition necessitating regular pupil dilation
- Those using antidepressants or medication with an anticholinergic action
- People either living in remote locations (such as foreign aid workers, armed forces stationed overseas or oil rig workers etc.) where rapid access to emergency ophthalmic care is not possible.

Referrals of patients satisfying all of the above will not be accepted by secondary care; these criteria will be monitored and adjusted as necessary.

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits.

It is important to have assessment and if necessary, treatment as raised intra-ocular pressure can lead on to irreversible visual changes.

Risks

Assessment for raised intra-ocular pressure does not have any significant risks.

Alternatives

In order to avoid possible visual damage there are no real alternatives to assessment if pressures are above 23.9 or there are visual changes or changes to optic discs. If individuals chose to not be referred then they must continue to be monitored by a community optometrist.

Do Nothing

Remember, you always have the option to do nothing. However there are risks of visual loss if assessment and if necessary treatment are not appropriately managed.

Raised intraocular pressure– Plain Language Summary

Glaucoma is a common eye condition where the optic nerve, which connects the eye to the brain, becomes damaged.

It's usually caused by fluid building up in the front part of the eye, which increases pressure inside the eye.

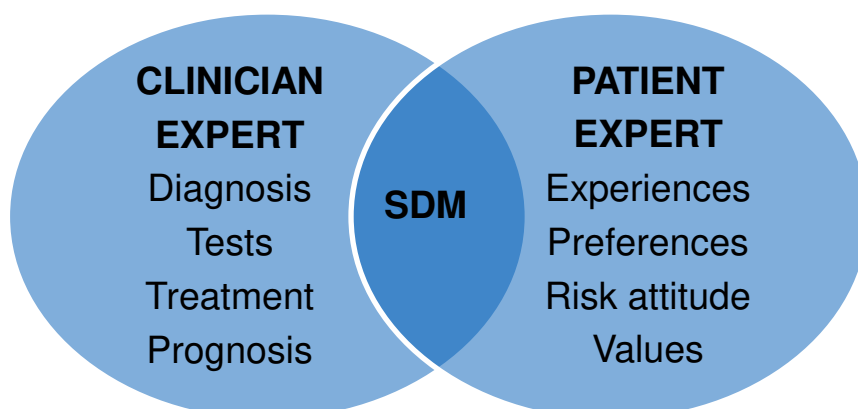
Glaucoma can lead to loss of vision if it's not diagnosed and treated early.

It can affect people of all ages but is most common in adults in their 70s and 80s.

Shared Decision Making

If a person fulfils the criteria for raised intraocular pressure it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. [Recommendations | Glaucoma: diagnosis and management | Guidance | NICE](#)
2. [Ocular Hypertension | Eye Checks | Eye Conditions | Glaucoma UK](#)
3. [The-Management-of-Angle-Closure-Glaucoma-Clinical-Guidelines.pdf \(rcophth.ac.uk\)](#)

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only): TBC

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.