NICE Guidelines – Scottish Advice

Following consultation with a Scottish QC about the relevance to Scottish practitioners of the publication of the NICE Guideline 85: "*Glaucoma: diagnosis and management of chronic open angle glaucoma and ocular hypertension*", the AOP and FODO are issuing advice to all Scottish optometrists. In order to protect themselves from the risk of civil action taken by a patient and from allegations which could be made at a GOC Fitness to Practise panel, optometrists in Scotland are advised to refer all patients who have repeated IOPs over 21 mmHg, for formal diagnosis of OHT.

The NICE Guidelines, in theory, are not applicable in Scotland or Northern Ireland. However Michael Jones, the Edinburgh-based QC from Simpson & Marwick, was unequivocal about the need for Scottish practitioners to take account of them because of their value as the latest, evidence-based, clinical guidelines developed by a panel of experts in this field.

The NICE guidelines have caused great controversy in England and Wales, where optometrists are not paid to carry out repeat IOPs. Consequently, large numbers of patients are being referred into secondary care on the basis of a single measurement taken with NCT. Most PCTs and Health Boards are in the process of implementing local schemes with optometrists to repeat pressures, using Goldmann (in effect catching up with Scotland).

In Scotland, the environment in which optometrists work is different. All optometrists providing GOS need to have re-accreditation of their GOC registration requirements, and the GOS contract is different. Optometrists are paid to carry out more investigations, where appropriate; they are required, for example, to repeat IOPs using a Goldmann type tonometer, and are paid a supplementary fee for the repeat. They should not refer until at least one follow up visit has taken place, with all the boxes ticked: applanation IOP, optic nerve assessment, dilated BIO, full threshold fields (and preferably pachymetry too), as all Scottish optometrists have had specific training in these areas, and grants towards those specific equipment items have been made. Be aware that the

NICE guidelines are only an issue with regard to referral on the grounds of elevated IOPs alone; for all other referral criteria, optometrists should continue to refer as normal.

The referral threshold recommended for IOPs by the Scottish Government Health Department (SGHD) has been that recommended by the pathway developed by the Centre for Change and Innovation (CCI) – namely referrals on IOPs alone should be made for pressures of 30 mmHg or over. The AOP, ABDO and FODO have not seen the evidence base for this. However there appears to be a consensus that 30 is too high a referral threshold to be safe, that there is a significant risk of venous occlusion if IOPs are consistently over 28mmHg and agreement that whatever evidence base there may be, it is not as robust as the latest NICE evidence.

The gist of our legal advice is that professional practitioners must follow their own professional judgement and that judgement must be informed by clinical research, evidence and guidance. In other words, whatever any body might tell practitioners to do does not take precedence over a clinician's own professional judgement. It is not an adequate defence to say "I was just doing what I was told". If an optometrist genuinely believes, and can justify that belief with factual evidence, that a particular course of action is right for a particular patient, then he or she should do that and should be safe, legally.

The AOP and FODO believe that currently the NICE Guidelines on Glaucoma constitute the best available knowledge on the diagnosis and treatment of glaucoma and ocular hypertension – and certainly the Guidelines will be quoted in court by any solicitor representing a patient who has lost vision through undiagnosed or late-diagnosed glaucoma. Consequently, practitioners, wherever they are in the UK, need to take account of the NICE guideline when considering referrals of patients with IOPs over 21mmHg. The guideline states that all those with IOPs over 21 should be formally diagnosed by means of a defined battery of tests – including gonioscopy and pachymetry – to be carried out by someone with a "specialist qualification" (not further defined) or working "under the supervision" (also undefined) of an ophthalmologist. The AOP, ABDO and FODO are working with the Royal College of Ophthalmologists and the College of Optometrists to agree a definition of these terms.

Members should be reassured that the defence bodies will defend any member, whether it be in front of the GOC Fitness to Practise panel or in a civil court, who has referred in accordance with their professional judgement whether or not in line with the NICE guideline. However it is not certain that we will be able to mount a successful defence if that decision does not appear reasonable in the light of all the evidence; which is why we urge all members, across the whole of the UK, to refer patients who have IOPs over 21mmHg. In Scotland these patients should have repeat measurements with Goldmann type tonometers carried out before referral, as part of the usual Scottish GOS procedures. Patients whose pressures are not repeatedly or consistently over 21 need not be referred. "Consistently" and "repeatedly" are words used in the NICE Guidelines but are not defined. The AOP, ABDO and FODO believe that this is a matter of judgement for the optometrist – but at least two measurements should be taken. If two measurements are taken then only if both were over 21 mmHg would a referral be triggered.