Primary Eyecare

Community Glaucoma Service

Glaucoma
Rising demand

The aging population and improved early disease detection have led to an increasing number of people with glaucoma-related eye conditions. The Way Forward project (The Royal College of Ophthalmologists, 2016) predicted a rise of 22% in fully diagnosed cases between 2015 and 2025 and in this period, we have seen secondary care glaucoma services struggle to manage capacity across England. The same analysis predicted a 44% rise by 2035: demand continues to rise and outpace capacity.

Progressive sight-threatening disease requires specialist management, but the glaucoma case mix includes multiple low-risk diagnoses which can be monitored by community optometrists under a management plan

Benefits of Monitoring in community optometry practices:

- **Improved access** across multiple sites
- **Reduced patient travel** and carbon emissions
- **Shorter** waiting times
- **Reduced demand** upon specialist hospital services

Primary Eyecare Services

Primary Eyecare Services is a clinically led not-for-profit primary care provider at scale that delivers NHS-funded services across many neighbourhoods whilst maintaining local responsiveness and integration. Service delivery is via a large network of local primary care optometry providers (over 3,500 practices) to deliver care closer to home.

Primary Eyecare Services already acts as a lead provider for 30 Integrated Care Boards in England.

- Collaborate closely with Local Optical Committees and hospital eye services
- Offer the main point of contact for commissioners and practices
- Offer centralised support functions including digital solutions
- Engage and subcontract a network of optometry practices
- Monitor services to ensure efficacy and to address service issues
- Provide governance by overseeing compliance, performance, quality, and failsafe
- Provide financial reconciliation, invoicing, payment dispersion, and reporting

This provider model brings several key advantages;

- A choice of neighbourhood locations for patient access and the ability to scale services at pace
- Mitigation of delivery risk by distributing services across multiple practices
- Strong clinical leadership from within the sector
- Effective communication with the optometry practice network
- Integration with local health systems to develop, refine, and improve pathways
- Collection of detailed service data, including patient feedback.

Primary Eyecare Service

Existing Community Glaucoma Services

The models of delivery for Community Glaucoma Services have evolved over time with varying degress of specialist oversight. Monitoring low-risk cases under the terms of a management plan has emerged as the most sustainable and cost-effective solution.

A recent analysis* of 6 months of activity in services delivered to this model showed that out of 515 patient episodes:

- **5.4%** were discharged
- **8%** were referred back for specialist care
- **86.6%** remained in community review
- Of those who remained in the service **83.2%** were placed on a 12-month recall or longer while **16.8%** were on a 9 month or shorter recall
- **98.3%** would recommend the service and **88.9%** rated their experience as 6 or 7 out of 7 (7 being 'Excellent')
- On average patients travelled **5.7km less** to an optometry practice compared to their hospital, **saving 7,852km of travel**

Monitoring low-risk cases using a management plan marks the beginning of the Primary Eyecare Services journey in community glaucoma care. This initial focus enables safe and effective service delivery while building confidence in the model. Over time, Primary Eyecare Services will adopt a phased approach to broaden the scope of monitoring within optometry practices, gradually increasing the range of diagnoses where clinically appropriate and supported by robust management plans.

* Full details will be submitted for a poster at UKEGS 2025 in Edinburgh

Community Glaucoma Service

The clinical scope of practice is defined by the 'Low Risk' diagnoses in the GLAUC-STRAT-FAST risk stratification tool (The Royal College of Ophthalmologists, 2022):

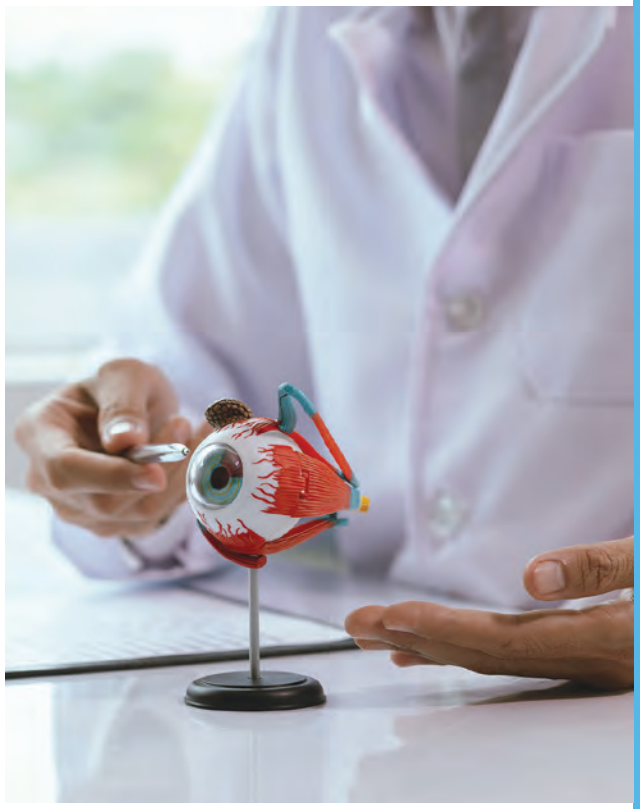
G1	G2	G3
Untreated 1°OHT	Treated 1°OHT	2°OHT
Glaucoma Suspect	1* Angle Closure Suspect	1* Angle Closure
		Early 1* Open Angle Glaucoma

Optometrists have the skills and equipment required to monitor low risk conditions under the terms of a management plan (see LOCSU Competency table).

Examination in optometry practice will include the following key steps:

1. Patient history, symptoms, risk factors, lifestyle & social factors
2. Monocular visual acuity
3. Intra-ocular pressure by Goldmann-type applanation tonometry
4. Automated visual fields assessment
5. Assessment of the anterior chamber, including van Herick grading
6. Assessment of the optic nerve head (pupil dilation where required)
7. Imaging by optical coherence tomography (OCT)
8. Determination of a clinical outcome with reference to the management plan

[Note: Assessments will not normally include pachymetry, gonioscopy, or AC-OCT]



Pathway Management

Primary Eyecare Services is committed to collaboration to provide safe and effective community services. In the table (see page 7) we set out proposed protocols for the management of different diagnoses, for discussion and agreement with local clinicians.

Our systems can adapt to deliver different management plans for different low risk diagnostic categories.

Key variables are;

- A defined monitoring period, including or excluding virtual review by Hospital Eye Services clinicians when a patient is returned to secondary care
- Defining the action to be taken when a patient's condition is unstable or they reach the end of their monitoring period.

Tailoring the pathways requires a specific diagnosis to be available when care is transferred. Patients are enrolled in community monitoring when a specialist clinician determines it is appropriate and beneficial.

Facilitating smooth transitions between different care settings is a key objective of our collaborative approach.

Management Plans

Patients are monitored by primary care optometrists and returned to Hospital Eye Service clinical care if;

a. The glaucoma condition is judged to be unstable due to;
   i. Measured IOP > Target IOP
   ii. Evidence of glaucomatous visual field progression to baseline
   iii. Evidence of glaucomatous optic neuropathy progression to baseline
b. Non-tolerance to current therapy
c. Cataract surgery (+/- MIGS) is indicated due to visual symptoms.
d. Another non-glaucoma ophthalmology assessment is indicated.
e. The patient reaches the end of the monitoring period defined in the management plan and the protocol below determines that care should return to Hospital Eye Service.

The mechanism to return clinical care to hospital eye clinic can be either;

a. A web-based virtual review within the Primary Eyecare Services IT platform that enables a HES clinician to return the patient to clinic, return the patient to community monitoring with an updated management plan, or to discharge completely.
b. Delivery of clinical documents to an agreed endpoint.

The proposed pathway for each diagnosis is set out below. These can be adjusted to suit local requirements:

GSF	Diagnosis	Management plan duration	At end of monitoring period
G1	Untreated 1y OHT (Option - normally discharged)	3-years	**Discharge** to GOS if IOP below target and no evidence of conversion at 3 years
	Glaucoma Suspect	3-years	**Discharge** to GOS if IOP below target and no evidence of progression at 3 years
G2	Treated 1y OHT	Indefinite	**N/A –** Remains in monitoring if stable Management plan includes return to HES if any treatment changes are indicated.
	Untreated PACS minus (Option - normally discharged)	3-years	**Discharge** to GOS if IOP below target and no evidence of conversion at 3 years
	Treated (LPI) PACS	3-years	**Discharge** to GOS if IOP below target and no evidence of conversion at 3 years
	Untreated PACS plus (e.g. declined LPI)	3-years	**HES review** - virtual or return to clinic
G3	Treated or Untreated Secondary OHT (PXF/PDS)	3-years	**HES review** - virtual or return to clinic
	Primary Angle Closure (treated with LPI)	3-years	**HES review** - virtual or return to clinic
	Early* Primary Open Angle Glaucoma	3-years	**HES review** - virtual or return to clinic

* Early as defined in GLAUC-STRAT-FAST as visual fields with MD <4dB.

Next Steps

To discuss implementation of Community Glaucoma Services in your area, please contact us to arrange a meeting and find out more.

For more information,
please contact us at **info@primaryeyecare.co.uk**
or visit our website **www.primaryeyecare.co.uk**

References

1. LOCSU. (2022). Training & Development. https://locsu.co.uk/what-we-do/training/
2. NHS Confederation. (2025, June 26). A new front door: reimagining primary care for the next decade. https://www.nhsconfed.org/publications/new-front-door-reimagining-primary-care-next-decade
3. Primary Eyecare Services. (2025). Primary Eyecare Services - About Us. https://primaryeyecare.co.uk/about-us/
4. The Royal College of Ophthalmologists. (2016). The Way Forward: Glaucoma. https://www.rcophth.ac.uk/resources-listing/the-way-forward/
5. The Royal College of Ophthalmologists. (2021, October 26). New information gives clarity on multi-professional skills to deliver new pathways of care. https://www.rcophth.ac.uk/news-views/clarity-on-multi-professional-skills-for-pathways-of-care/
6. The Royal College of Ophthalmologists. (2022, May 12). Designing Glaucoma Care Pathways using GLAUC-STRAT-FAST. https://www.rcophth.ac.uk/news-views/designing-glaucoma-care-pathways-using-glauc-strat-fast/