A patient-centered evaluation of Glaucoma Monitoring Services in Primary Care Optometry

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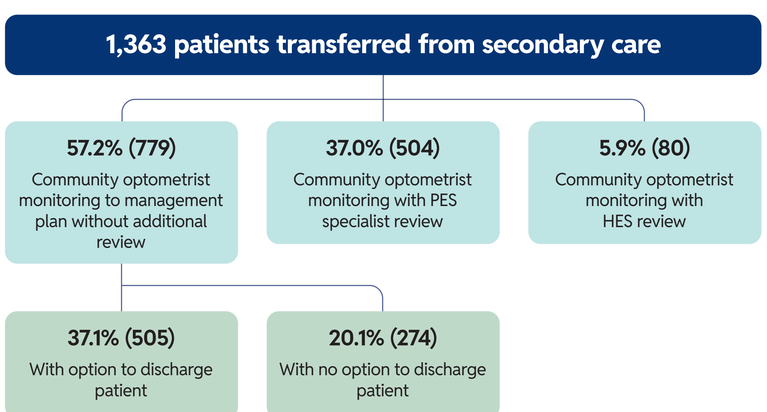
Introduction

- Community Glaucoma Services enable monitoring of patients with glaucoma and glaucoma-related diagnoses in primary care optical practices.
- These services vary in specialist oversight and may include monitoring by accredited optometrists under a management plan for low-risk diagnoses such as ocular hypertension (OHT), suspected glaucoma, or stable early chronic open-angle glaucoma (COAG)[1,2].
- Previous evaluation of a pilot community service demonstrated good clinical safety and efficacy, high patient satisfaction, and a meaningful reduction in patient travel and carbon emissions[3].
- We provide the first multi-locality patient-centred evaluation of glaucoma monitoring services.

Methods

- 15 NHS Hospital Trusts utilise Community Glaucoma Services provided through Primary Eyecare Services.
- In 10 of these pathways, optometrists with glaucoma qualifications monitored patients to a management plan, including the option to discharge.
- Outcomes following consultation and examination, included continued monitoring, discharge to routine sight testing, or referral back to secondary care.
- The evaluation includes patient travel distances, satisfaction metrics, and outcomes in this pathway.
- The remaining 5 pathways employed asynchronous virtual review processes or did not permit patient discharge and were excluded.

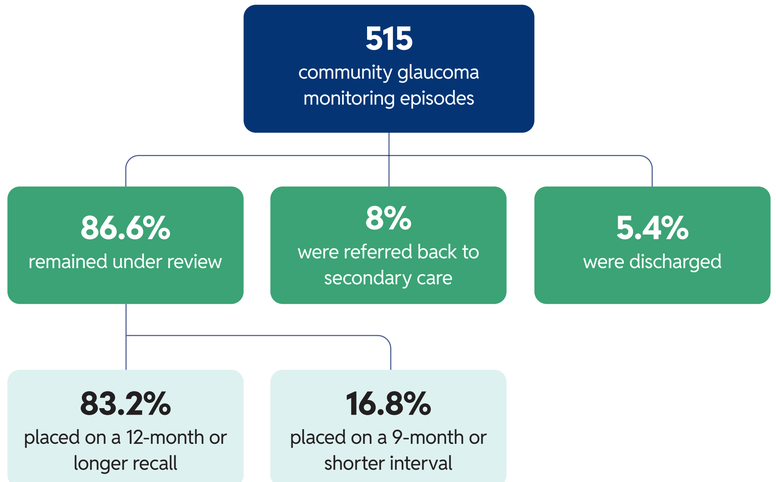
Patients transferred to each pathway type



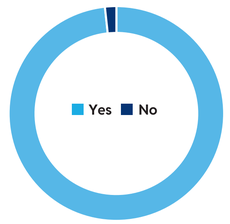
Results

- Between January and June 2025, 1,363 patients attended 1,375 appointments in primary care.
- Sex: 50/50 male/female
- Mean age 71.1 ± 11.1 years. Age range 21 – 97 years.
- From 515 episodes for 505 patients monitored to a management plan with option to discharge:
  - 86.6% remained under review
  - 5.4% were discharged
  - 8% were referred back to secondary care
- Of those continuing in the service,
  - 83.2% were placed on a 12-month or longer recall,
  - 16.8% on a 9-month or shorter interval.
- Patient satisfaction was high:
  - 98.3% would recommend the service, and
  - 95.7% rated their experience as 6 or 7 out of 7, with 7 being excellent.
- **Patients travelled a mean of 5.7 km less to their optical practice compared to hospital, saving a total of 7,852.76 km in travel 1461.8kh CO2e in carbon emissions and over six months.**

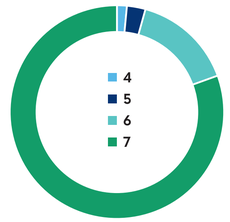
Outcomes for patient episodes monitored to a management plan with the option to discharge

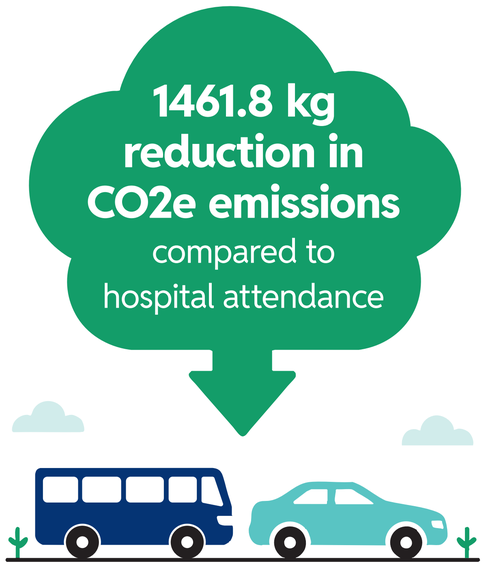


Patients would Recommend Service to Friends or Family



Patient Experience Rating 1-7





Conclusions

- Glaucoma Community Services delivered by primary care optometrists working to a clinical management plan are well-received by patients.
- These services reduce unnecessary hospital activity, significantly cut patient travel, and contribute to a reduction in the carbon footprint of healthcare services.
- Such services have been shown to be safe and effective with good agreement between primary and secondary care.[1]
- Wider and more consistent commissioning across England would enhance access and improve system efficiency while maintaining high quality outcomes in glaucoma care.
- Integrated pathway design can be used to manage system capacity and thereby manage the risk of sight loss due to glaucoma[4].

References

1. Royal College of Ophthalmologists (2022) 'Ophthalmic Services Guidance: Designing Glaucoma Care Pathways using GLAUC-STRAT-FAST'.
2. Local Optical Support Unit (LOCSU) 'Competencies and Qualification Summary Table – Primary Care Optometrist', Available at: https://locsu.co.uk/what-we-do/pathways/. Accessed: 15th October 2025.
3. Dinsdale, M. et al. (2024) 'Primary Eyecare Glaucoma Service (PEGS): a mixed methods service evaluation', Eye, 38(18), pp. 3481–3487.
4. Royal College of Ophthalmologists (2017) 'The Way Forward - Glaucoma'

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