

Description of Intervention

Glaucoma is one of the leading causes of irreversible sight loss in the UK. However, early detection and treatment can help mitigate the most serious effects. Glaucoma appointments account for 20% of all ophthalmology outpatient activity and the pandemic has resulted in longer waiting times and hospital services coming under increased pressure.

Delays in follow up of patients with long term conditions, such as glaucoma is leading to avoidable sight loss. NICE guidance (NG81) recognises the role primary care has to play in management of this condition with our aging population.

Primary care offers support for glaucoma services in secondary care in two ways: Reducing referrals in, via referral filtering services such as Repeat Measures and Enhanced Case Finding (ECF); and monitoring patients who have been diagnosed with stable low risk glaucoma or Ocular Hypertension (OHT).

Patients benefit from being seen closer to home in a convenient and timely manner. Glaucoma monitoring services in primary care deliver continuity of care and timely follow-ups and should be co-developed with the hospital eye service. Maintaining monitoring appointment in line with the individual's clinical management plan reduces the risk of avoidable sight loss.

[NICE Glaucoma Diagnosis and Management Guidance](#)

[LOCSU Glaucoma Referral Filtering and Monitoring](#)

Intended Objectives

- Prevent avoidable sight loss
- Release capacity within hospital
- GIRFT and reduce avoidable referrals into secondary care
- Decrease the number of patients discharged at first outpatient visit
- Reduce outpatient follow ups
- Deliver care closer to home
- Improve patient experience
- Utilise skills, workforce and estate in primary care before referral
- Build a sustainable model for our aging population

Evidence of Impact

Greater Manchester 'GERS' – Over **47%** referrals discharged without referral. Cost effective; saving an average £2.76 per patient seen.¹

Cheshire Glaucoma Monitoring – Over **70%** of patients retained for monitoring within primary care.²

Repeat Measures – Over **70%** of patients discharged without onward referral.³

Repeat Measures – Savings of up to **62%** compared with HES tariffs.⁴

For more information contact info@locsu.co.uk

Key Learnings

Current eyecare provision is untenable and change is required to prevent avoidable sight loss. Commissioned services which reduce avoidable referrals and improve referral quality into secondary care will support elective recovery and eyecare transformation. Utilising skills in primary care allows secondary care expertise to be available for more complex cases.

Integration of primary care optometry into glaucoma services can be delivered in several ways.

Key Information for ICS Leaders

Primary care Optometry is willing and able to support. These services are within core competency, not requiring additional qualifications so can be mobilised at pace. Collaboration between primary and secondary care allows development of a sustainable framework for the future of eyecare and supports the Long-Term Plan objective to reform services by a reduction in outpatient activity.

Outcomes

- Improved patient experience; care delivered closer to home in a convenient and timely manner
- Reduction in avoidable referrals will release capacity in secondary care
- Primary care workforce and skills are optimised before a referral decision is made
- Patients managed to resolution within primary care
- Improved communication between Optometry and Ophthalmology, with direct referral, as recommended in the NHS England planning guidance 2022/23
- Meets AoMRC guidance

Risks/Limitations/Interdependencies

A Repeat Measures pathway commissioned in isolation offers limited benefit. ECF has the potential for improved outcomes when commissioned alongside Repeat Measures.

¹ Reference: Gunn PJG, Marks JR, Konstantakopoulou E, et al, Clinical effectiveness of the Manchester Glaucoma Enhanced Referral Scheme, *British Journal of Ophthalmology* 2019;103:1066-1071

² [LOCSU Case Study – Delivering Glaucoma Care in the Community Across Cheshire](#), LOCSU Epub January 2011

³ Meta-analysis of published and unpublished papers 2023

⁴ Reference: Parkins DJ, Edgar DF. Comparison of the effectiveness of two enhanced glaucoma referral schemes. *Ophthalmic Physiol Opt.* 2011 Jul;31(4):343-52. doi: 10.1111/j.1475-1313.2011.00853.x. Epub 2011 May 26. PMID: 21615447