



# Norfolk & Waveney Glaucoma Monitoring Service

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## At A Glance

**Challenge:** High demand on secondary care glaucoma services in an area with clinical workforce challenges.

**Objective:** Reduce avoidable glaucoma referrals and provide long-term, community-based monitoring for patients with suspect Glaucoma and untreated ocular hypertension (OHT).

**Solution:** Commissioning of a dual-pathway optometry service in 2014 for Glaucoma Repeat Readings (GRR) and Glaucoma Monitoring.

**Result:** Over 1,300 patients seen to date within the Glaucoma Monitoring Service; 83% managed in primary care with 100% patient satisfaction responses; significant relief to secondary care pressures.

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## Introduction

The Norfolk and Waveney area has historically faced recruitment challenges across healthcare, including optometry and ophthalmology. The increasing demand on Hospital Eye Services (HES), particularly within glaucoma clinics, prompted the Clinical Commissioning Group (CCG) to explore alternative care pathways.

In 2014, with support from Norfolk & Waveney LOC, two complementary enhanced primary care pathways were introduced:

- **Glaucoma Repeat Readings (GRR)** where IOPs and Visual Fields are repeated within primary care to reduce avoidable HES referrals solely based on single-visit findings. The local GRR service has consistently shown a deflection rate of approximately 75%, confirming its success in reducing false-positive referrals
- **Glaucoma Monitoring Service** to safely manage cases within the community. These are patients with signs suspicious of primary open angle glaucoma (POAG) and those with untreated ocular hypertension (OHT) but having low risk of developing glaucoma

The aim of the Glaucoma Monitoring Service was to release HES appointments and empower primary care to manage stable, low risk suspect glaucoma patients autonomously for up to five years.

Over time, service delivery transitioned from the LOC company to Primary Eyecare Services Limited (PES), using the Opera platform to streamline referrals, data collection and training.

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## What Was Done

### Service Commissioning and Delivery

- In 2014, Norfolk and Waveney CCG commissioned both GRR and Glaucoma Monitoring services simultaneously to manage the growing glaucoma caseload and address inequities in access
- The LOC initially managed service delivery via the Webstar platform before transitioning to PES and the Opera platform for scalability and sustainability
- Over the last 10 years, ~1,300 patients have been managed through the Glaucoma Monitoring service

### Glaucoma Monitoring Pathway and Outcomes

The Glaucoma Monitoring Service at the Norfolk & Norwich Hospital and the James Paget Hospital manages two specific patient types: Patients with untreated ocular hypertension (OHT) and those with suspect primary open angle glaucoma (POAG).

- These patients are considered low risk and were previously under the care of HES before being discharged into the optometry service

Patients referred into the service are monitored for up to five years in optical practice by optometrists. Participating optometrists are accredited to provide the service, having completed either the LOCSU/WOPEC Glaucoma Level 2 module or the College of Optometrists' Professional Certificate in Glaucoma.

Clinical decision-making is guided by the patient's management plan and assessments by optometrists to check for any signs of clinical progression.

The monitoring assessment includes:

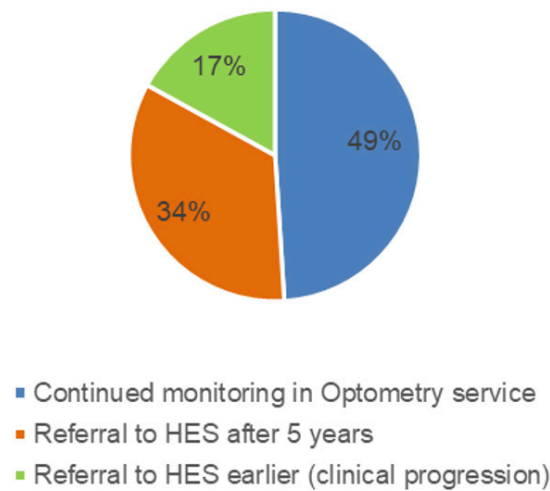
- Intraocular Pressure stability
- Visual field consistency
- No change to optic disc appearance (e.g., no progression in cup: disc ratio)

### Glaucoma Monitoring Service Outcomes (March 2024–February 2025):

- **49%** continued annual monitoring in the Optometry service
- **34%** were referred back to HES after 5 years of stability for quality assurance purposes and to assess suitability for discharge
- **17%** were referred back to HES earlier due to clinical progression (Changes in disc appearance, deterioration in field plots or increase in intraocular pressure readings compared to baseline)

Figure 1: Outcomes from the Glaucoma Monitoring Service from the period March 2024 to February 2025

## Glaucoma Monitoring Service Outcomes



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## Challenges and Relaunch Efforts

Over time, referrals from the Norfolk and Norwich University Hospital (NNUH) into the Optometry service slowed due to:

- Staff turnover within the HES: When the initial group of doctors moved on, no arrangement was made for new doctors to be made aware of the Glaucoma Monitoring pathway, leading to reduced engagement
- Administrative burden: Identification of suitable patients and the creation of manual discharge packs was time-consuming and caused delays

Consequently, and due to the impact of Covid 19, there was a pause in new patients being transferred into the service between March 2020 and late 2021. However, the service remained active, and patients already enrolled in the service continued to be monitored.

To address the staff turnover and administrative challenges experienced, the LOC and PES relaunched the service, introducing electronic discharge systems through the Opera platform and running a further round of OSCEs for primary care optometrists in 2025. Additionally, hospital doctors were provided with updated training.

James Paget Hospital, another local Trust, has recently resumed participation under a new Glaucoma Lead, further revitalising the pathway.

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## Service Benefits/Outcomes

**Reduction in HES burden:** Patients were monitored within the community releasing hospital appointments and freeing up capacity in secondary care for more complex cases which are more likely to require specialist intervention. Only 17% of patients require return for monitoring within the HES for suspected progression.

**Positive patient experience:** 60 PROMs responses (from 2021 when Opera was introduced) showed 100% of patients would recommend the Optometry service to family/ friends.

**Long-term primary care monitoring:** A decade of successful operation and patient safety with minimal escalation. This model supports care closer to home and contributes positively to the NHS Green agenda by shortening travel distances, reducing unnecessary travel and avoiding hospital visits.

**Re-established Trust collaboration:** Relaunch efforts have rebuilt engagement with local hospitals and ophthalmology colleagues.

**Effective Failsafe Measures:** PES operate a dedicated Failsafe team to ensure patient safety and service continuity. This team actively monitors all patients who have exceeded their target date for clinical assessment within the service. Regular reports are generated to identify overdue records by service and by each participating optical practice. These reports are shared with practices to help identify and follow up with patients who are overdue, supporting timely re-engagement. While most practices are already aware of these patients and working to rebook them, the Failsafe process provides a structured safety net to ensure no patient is missed.

**Effective Quality assurances process:** All patients are reviewed within the HES after 5 years of community-based monitoring for a formal reassessment. This quality assurance process also ensures continuity of care and long-term clinical oversight without duplication. The outcomes of these hospital reviews determine whether patients are discharged from further monitoring, discharged back into the Optometry Glaucoma Monitoring Service for a further 5 years or monitored/ treated within the hospital glaucoma service. Following an audit, the Trust expressed high confidence in the quality of the service and is now considering whether an in-person review at the five-year mark is necessary, or if a virtual review may be appropriate.

### **Patient Benefits**

- Access to high-quality glaucoma monitoring in primary care optometry practices, closer to home
- Fewer hospital visits, making the care pathway more convenient and less disruptive for patients
- Reduced risk of avoidable sight loss through timely monitoring in line with their management plan and early detection of changes
- Shorter waiting times and improved access to secondary care for those who need it
- Ongoing service improvement informed by detailed outcome data and patient feedback

### **Wider Applicability**

This service model has strong potential for replication in other areas. The workforce challenges in Norfolk and Waveney are ongoing with primary and secondary care providers struggling to recruit clinical workforce. In other areas the pathway could be scaled more quickly. The service aligns well with professional development goals and offers a meaningful way for optometrists to contribute to managing long-term eye health in the community, providing care closer to home and continuity of care for patients.

## Patient Quotes

“Wonderful to be able to have this sort of care and attention on my doorstep.”

“Friendly and thorough service. Thank you.”

“Excellent professional and helpful staff who made me feel at ease and reassured me that all was well.”

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## Conclusion

The Norfolk & Waveney LOC is responsible for initiating the Glaucoma Monitoring Service, supporting training initiatives and collaborating with Trusts to ensure effective communication and engagement with the service. The service exemplifies how collaborative, community-based care within optometry can effectively reduce pressure on secondary services while maintaining excellent patient outcomes and satisfaction. Despite operational challenges, Trust-level disengagement and Covid-19 disruption, the service has shown resilience and adaptability through a strategic relaunch and re-engagement. As pressures on the HES continue to grow, this pathway provides a scalable model for long-term, low-risk glaucoma care in the community and supports national priorities around shifting care from hospital to community and optimising workforce capability.

## LOC Case study — Norfolk & Waveney Local Optical Committee

Acknowledgements:

Norfolk & Norwich University Hospital Trust

The James Paget University Hospital Trust

Norfolk & Waveney Clinical Commissioning Group (CCG)

Primary Eyecare Services Limited (PES)

Author: LOCSU Research Lead

Editorial Oversight: Norfolk & Waveney LOC