

Commissioning Interest in Glaucoma Referral Filtering Service Grows



Introduction

Glaucoma represents a major global cause of irreversible visual impairment, and its associated clinical burden continues to escalate, placing substantial pressure on NHS ophthalmic services. Accurate case identification and the timely referral of individuals at risk of developing glaucoma constitute essential elements of optometric practice. These activities align closely with the strategic objectives outlined in the NHS Long Term Plan, which emphasises the importance of early detection, the mitigation of preventable sight loss, and the expansion of high-quality community-based services to support the management of long-term conditions.

Across England, a large proportion of patients referred to hospital eye services (HES) for suspected glaucoma are discharged at their first visit. Glaucoma is a complex condition, and accurate diagnosis relies on the interpretation of multiple clinical parameters¹. In the absence of optometry referral filtering services, high false positive referrals are therefore inevitable. These false-positive referrals place unnecessary pressure on hospital clinics and contribute to long waiting times for patients who require specialist care. Around 10% of those registered as blind in the UK have glaucoma², and the number of people living with glaucoma in the UK is projected to increase by 44% between 2015 and 2035³. With more recent research indicating the glaucoma burden may be significantly higher, expected to reach more than 1.6 million by 2060⁴, demand on services continues to increase.

Referral filtering pathways delivered in primary care optometry have been recommended for many years as the best route to improving referral accuracy and reducing avoidable hospital attendance. National guidance, including the National Institute for Health and Care Excellence (NICE) glaucoma guidelines⁵ and recommendations from the College of Optometrists⁶, supports the use of additional testing prior to referral where appropriate.

Referral filtering services commissioned in optometry significantly reduce referrals to hospital and improve the first visit discharge rates^{7 8}, supporting the government's commitment to deliver more care out of hospitals with the NHS Long Term Plan⁹.

LOCSU provides exemplar clinical pathways and guidance for Local Optical Committees (LOCs) and recommends the commissioning of glaucoma enhanced case finding (ECF) alongside glaucoma repeat measures (GRM) to reduce the number of avoidable referrals, release capacity in hospital glaucoma services and help prevent avoidable sight loss¹⁰. In 2025, LOCSU refreshed its glaucoma pathways and guidance to include Optical Coherence Tomography (OCT) for enhanced case finding¹¹.

The Challenge

HES are experiencing increasing demand from glaucoma referrals. Glaucoma accounts for more than 20% of outpatient activity within ophthalmology services¹², and demand is predicted to continue rising as the population ages.

Traditional models rely on findings identified during routine sight tests alone. While effective for case detection, this approach can result in large numbers of avoidable referrals to ophthalmology for further assessment and a high first visit discharge rate.

Locally commissioned repeat measures pathways have historically helped to reduce false-positive referrals by repeating intraocular pressure (IOP) measurements or visual fields before referral. However, these pathways only capture patients attending practices that participate and limit referral filtering to simple rechecks on IOP and visual fields.

The Solution: Glaucoma Enhanced Case Finding

ECF expands optometry referral filtering by providing a dedicated pathway for patients presenting with signs suggestive of glaucoma or ocular hypertension, including those seen in non-participating practices or those requiring a second opinion. With OCT diagnostics increasingly available in primary care optometry, and local service specifications updated, glaucoma referral filtering services are becoming more sophisticated.

Glaucoma ECF allows optometrists to perform a comprehensive assessment in primary care prior to referral. This includes:

- measurement of intraocular pressure using Goldmann applanation tonometry
- visual field testing using automated perimetry
- dilated optic nerve head assessment using slit lamp biomicroscopy
- assessment of anterior chamber angle (e.g. Van Herick technique or OCT)
- OCT where the referral is for suspicious optic nerve head (where service specifications have been upgraded to include this technology).

These investigations fall within the core clinical skill and experience of optometrists, enabling services to be implemented rapidly using the existing workforce. If referral to secondary care is required, the results of these investigations accompany the referral, reducing duplication of testing in hospital clinics. Evidence from the ECF services across the Black Country demonstrates their effectiveness in reducing unnecessary hospital referrals; in Wolverhampton, over half of patients assessed in the community were safely discharged without referral to HES, with modelling suggesting that system-wide implementation could save more than 800 first outpatient appointments per year¹³.

Patients with raised IOP or suspicious visual fields, but no other signs of glaucoma, can be seen within a simple glaucoma repeat measures service by the sight testing practice and so for optimal efficiency and patient convenience, it's essential both glaucoma repeat measures and enhanced case finding pathways are commissioned.

Growing Commissioning Interest

In March 2022, only 8% (8 of the then 106) of Clinical Commissioning Groups (CCGs) in England had commissioned a glaucoma ECF service. A further 46% were reported to be in discussion with their Local Optical Committees (LOCs) interested in the benefits the service could bring to their glaucoma pathway.

By March 2025, commissioning had expanded significantly. Approximately 42% of CCG areas had a live ECF service, with additional areas actively exploring commissioning options.

Regional variation remains. For example:

- The North West has seen widespread commissioning of referral filtering services.
- In the Midlands, commissioning activity is stronger in the west than the east.
- In the North East, repeat measures services are well established.

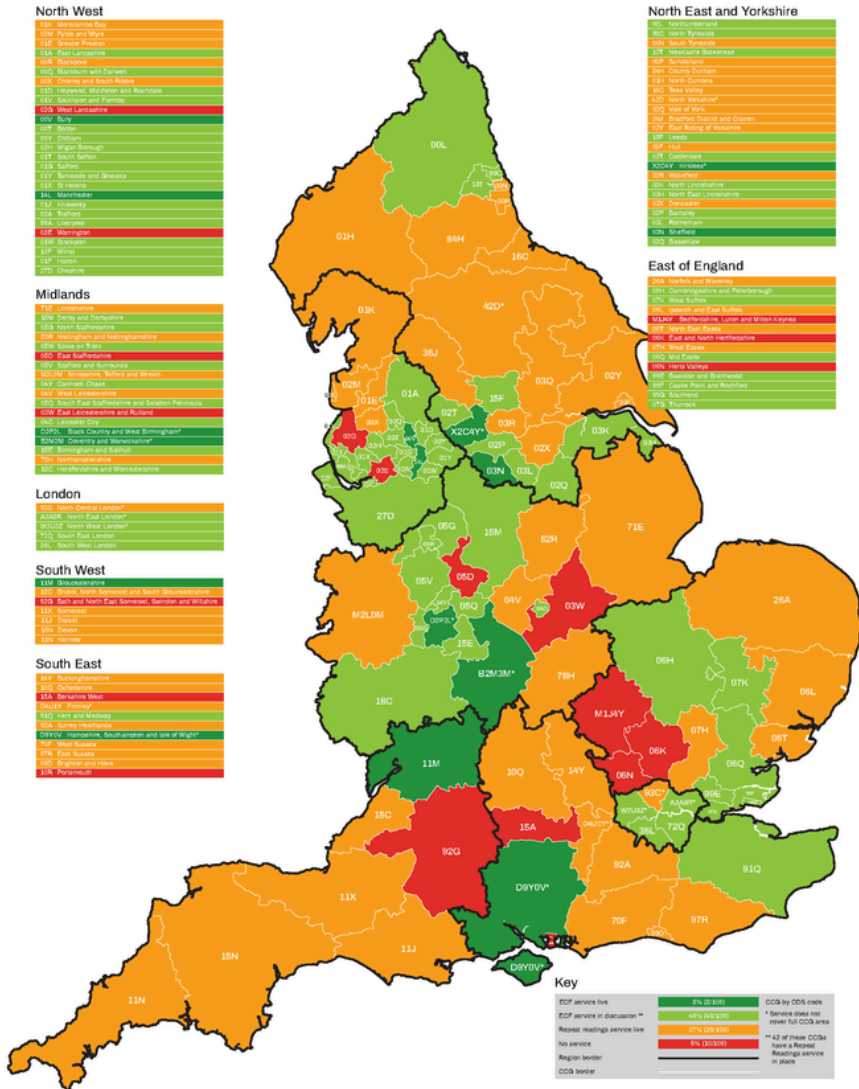
Despite this progress, a small number of areas still have no glaucoma referral filtering services commissioned within primary care.

Maps illustrating the national distribution of ECF services highlight the progress made since 2022 and the continuing opportunities for further service development.

2022

Click the map to open the full PDF

Distribution of Glaucoma Enhanced Case Finding Services by 106 Clinical Commissioning Groups (CCG), England at 4 March 2022



Impact

ECF supports NHS priorities by:

- reducing avoidable referrals to hospital eye services
- improving first visit discharge rates and referral accuracy
- releasing capacity in secondary care clinics
- improving patient access to care closer to home
- reducing patient anxiety associated with hospital visits and waits for appointments
- making better use of the skills and capacity of the primary care optometric workforce.

By ensuring patients are seen by the right practitioner at the right time, ECF contributes to a more sustainable and integrated eye care system.

Conclusion

Demand for glaucoma care continues to rise, placing increasing pressure on hospital eye services. Referral filtering pathways provide an effective way to improve referral accuracy, reduce avoidable hospital visits and support more efficient use of NHS resources.

Optometry referral filtering pathways should include glaucoma repeat measures and glaucoma enhanced case finding to optimise case detection while minimising false-positive referrals.

The expansion of ECF commissioning across England reflects growing recognition of the important role of primary care optometry in glaucoma care. Continued collaboration between commissioners, LOCs and clinicians across primary and secondary care will be key to ensuring equitable access to referral filtering services and improving patient outcomes.

Supporting Information

Royal College of Ophthalmologists' [Glaucoma Commissioning Guide](#)

[Scottish Intercollegiate Guidelines Network \(2015\) Glaucoma Referral and Safe Discharge](#)

[Glaucoma - literature report](#) (LOC member log-in required)

[Glaucoma Supporting Case](#) (LOC member log-in required)

[Impact of the Manchester Glaucoma Enhanced Referral Scheme on NHS costs | BMJ Open Ophthalmology](#)

References

1. [Lee, S. S. Y., & Mackey, D. A. \(2022\). Glaucoma–risk factors and current challenges in the diagnosis of a leading cause of visual impairment. Maturitas, 163, 15-22.](#)
2. [The College of Optometrists \(2017\), NICE Guideline – Glaucoma diagnosis and management \(update\).](#)
3. [Glaucoma UK](#)
4. [Current burden and future projections of glaucoma in the United Kingdom | British Journal of Ophthalmology](#)
5. [Recommendations | Glaucoma: diagnosis and management | Guidance | NICE](#)
6. [The College of Optometrists Guidance on examining patients at risk of glaucoma](#)
7. [Glaucoma - literature report](#)
8. [Clinical effectiveness of the Manchester Glaucoma Enhanced Referral Scheme | British Journal of Ophthalmology](#)
9. [Fit for the future: 10 Year Health Plan for England](#)
10. [LOCSU-CS-Glaucoma-Enhanced-Case-Finding.pdf](#)
11. [Glaucoma Referral Filtering and Monitoring - LOCSU](#)
12. [LOCSU Commissioning interest in Glaucoma Enhanced Case Finding Case study - original reference: RCOphth-The-Way-Forward-Glaucoma-Summary-300117.pdf](#)
13. [LOCSU case study: Black Country LOC Glaucoma Referral Analysis 2024](#)