LOCSU

# Understanding the Impact of GIRFT Best Practice Guidance for Glaucoma

## Briefing for LOCs

**June 2026**

Version 1

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LOCSU

## Table of Contents



## Introduction

This briefing is designed to help Local Optical Committees (LOCs) understand what the **GIRFT Best Practice for Glaucoma Services guidance** means for their leadership, representation and system-facing work.

The new guidance places clear emphasis on the role of primary eye care practices in improving glaucoma pathways. In practical terms, it endorses enhanced eye care pathways for glaucoma – repeat measures, enhanced case-finding and follow-up care – and can be used to help ICBs commission a comprehensive range of services from primary eye care.

For LOCs, it therefore supports discussions with ICBs and ophthalmology teams. It helps LOCs argue for consistent referral filtering arrangements, fair and sustainable commissioning of community services, investment in workforce development, and pathway designs that use primary care optometry effectively rather than treating it as an informal or optional add-on.

LOCs are well placed to translate GIRFT recommendations into local negotiation points, service specifications and practical implementation plans.

# Headline Impact On Everyday Optometry Practice

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- Optometrists and their practice teams have an opportunity to play a stronger role in glaucoma care.
- Communication with patients is increasingly important, particularly around why further testing is needed, what level of urgency applies, and what to expect next. The guidance helpfully recognises role in this and the need for the optometrists to be kept informed.
- There is likely to be growing demand for optometrists and dispensing opticians with higher qualifications, accreditation and experience in enhanced glaucoma care.

**Practice owners, optometrists and dispensing opticians who want to become more involved in glaucoma care should contact their LOC.**

# Headline Impact for LOCs

- LOCs have a stronger evidence base for advocating commissioned Glaucoma Repeat Measures (GRM) and Glaucoma Enhanced Case Finding Services (ECF). GIRFT recognizes that these pathways need to be commissioned together to deliver optimal outcomes. There is a stronger expectation that non-urgent glaucoma referrals should be filtered through repeat measures or enhanced case finding, with more consistent commissioning needed.
- The guidance creates a clearer mandate for LOCs to champion primary care optometry as part of elective recovery, demand management and care closer to home.
- LOCs should also use the guidance to press for greater commissioning of glaucoma monitoring in the community delivered by optometry practice teams.
- LOCs will be expected to help shape consistent local glaucoma pathways. LOCs may need to help manage and remove local variation so that pathway expectations are realistic, equitable and deliverable.
- There's an important role for LOCs in workforce planning and support for service-ready practices.
- LOCs should use the guidance to strengthen local public health messaging on the importance of regular sight testing for early detection and prevention of severe sight loss, particularly for high-risk groups and people living in deprived areas.

**Access to sight testing is essential; roughly half of all people in the UK with glaucoma have not been diagnosed.**

- Engagement with hospital eye services becomes even more important because successful implementation depends on effective integration of care, including feedback loops and agreed escalation processes.

**For further information and support, LOCs should reach out to LOCSU.**

# LOCSU Support for LOCs

LOCSU has provided pathway resources and a supporting case for glaucoma and can support LOCs in their commissioning conversations. Please reach out to the LOCSU team using info@locsu.co.uk.

LOCSU's glaucoma pathways describe the optimal clinical model for delivery in primary care and enable local systems to effectively respond to the NHS call for action, aligning to the 10 Year Health plan's three key shifts: Hospital to community, analogue to digital and sickness to prevention.

Supporting information is available for LOCs in the members area. You will need to log in to view this.

Further support will be available, and working closely with sector partners, LOCSU will:

- work with LOCs where simple GRM is commissioned to level up to a more comprehensive referral filtering service, inclusive of ECF.
- create new resources to enable LOCs to champion primary care optometry as part of elective recovery, demand management and care closer to home.
- strengthen existing resources to better explain how primary care optometry can help meet the NHS challenge of long-term care and delayed follow-up. This will include collating implementation resources and providing top tips to help overcome implementation challenges and examples of local agreed criteria for which patients can be monitored outside hospital.
- work with areas with established glaucoma referral refinement services (the highest level of referral filtering) to strengthen the evidence base for widespread commissioning.

New case studies are available showcasing existing optometry glaucoma monitoring services:

- Optometry Glaucoma Monitoring: Norfolk and Waveney
- Optometry Glaucoma Monitoring: Newcastle
- Optometry Glaucoma Monitoring: Ashton, Leigh and Wigan

# What this Means for Service Development

The guidance strengthens the case for commissioners to fund primary care glaucoma services rather than rely solely on hospital outpatient capacity.

It supports commissioning of repeat measures and enhanced case-finding services in primary care, because these can reduce false positive referrals, improve patient experience, and reserve hospital capacity for higher-risk patients. For LOCs, practices and providers, this creates an opportunity to make a stronger case for investment, workforce development and pathway redesign.

It also supports a broader policy direction in which some ophthalmology-led care shifts from hospital into community settings, provided governance, interoperability and quality assurance are in place.

Where ICBs commission enhanced services then people with low risk of developing glaucoma can avoid referral to the hospital eye service (HES) and others with a low risk of progression can be appropriately monitored in optical practice.

**Community** = **Primary Care Optometry** = **Whole Practice Team**

# What this Means for Referrals

GIRFT guidance recognises that the GOS sight test delivers major public health benefits, but given the complex nature of glaucoma, ICBs need to commission enhanced services.

The guidance supports a more disciplined pathway: repeat measures or enhanced case finding before referral and where commissioned, use of minimum data sets, and referrals to HES - routing through a Single Point of Access (SPoA) in systems that have one.

It is also important ICBs commission and fund these enhanced services so there is time to be able to deliver the minium referral datasets – e.g. when commissioned this will help the receiving service more easily triage risk, avoid duplication, and decide quickly whether the patient needs diagnostics, virtual review, face-to-face assessment, or urgent escalation.

# What this Means for Glaucoma Monitoring

GIRFT makes a strong case for ICBs to commission enhanced services so that patients are assessed in a follow-up pathway that is timely, based on clinical risk, well governed, supported by failsafe processes, and delivered by qualified and appropriately experienced clinicians with sub-specialist glaucoma consultant oversight and support.

The **LOCSU glaucoma monitoring pathway** fits this vision and there are examples of existing services which, if scaled up, could deliver significant capacity into local glaucoma services.

Those planning care are reminded of the need for continuity of care and embracing digital innovations, such as virtual review and timely discharge for people who do not need life-long monitoring.

Commissioners also have a responsibility to ensure there is appropriate capacity to meet patient need and forecast for the increasing number of people being diagnosed with glaucoma. The risk of avoidable sight loss associated with delays in care are well documented. In addition, the Royal College of Ophthalmologists (RCOphth) has reported that people with a diagnosis of glaucoma are at greater risk of harm than new patients. It is essential ICBs commission appropriate capacity to meet demand.

There are different models for glaucoma monitoring in the community. GIRFT describes these as asynchronous virtual review (where diagnostics are performed, e.g. by a technician and then reviewed by an ophthalmologist) and synchronous pathway (a patient visits their optometrist for a review and the optometrist works to a clinical protocol with HES). GIRFT guidance recognises that there is no evidence of one model being more robust than the other, and commissioners will work locally to optimise care.

**Discharge means discharge and does not mean continue to 'monitor' for change under GOS.**

# What this Means for Workforce and Training

Core practice remains vital for detection and referral filtering. Optometrists with higher qualifications (e.g. College Professional Certificate, Higher Certificate or Diploma) and experience can take on wider roles in glaucoma care, however it should also be remembered that optometrists can deliver all levels of glaucoma care if working under the supervision of a consultant ophthalmologist without the need for additional qualifications.

**The Competencies and Qualification Summary Table can be found here.**

Practices that want to participate in enhanced glaucoma services will need to consider training plans, staff accreditation and clinical supervision. Optometrists will need to consider their own professional development and their role in the delegation of appropriate tasks to team members, with clear supervision, training and accountability arrangements in place. Similarly, opticians should explore opportunities for professional development and higher qualifications, enabling a greater role in glaucoma care.

LOCs have a role in making sure workforce training opportunities are available locally.

# What this Means for Patients

If ICBs implement and fund GIRFT recommendations then it will benefit patients with more timely access to care and reduced visits to HES.

GIRFT guidance also advocates for stronger public health messaging to promote regular sight testing for early detection and to prevent sight loss, most especially for high risk groups and those in deprived areas.

Alongside information sharing that is already common practice, where ICBs commission such pathways then patients need clear explanations about why they are being re-tested, why they may not be referred immediately, what an enhanced optometry service does, what urgency applies, and how hospital and optometry services connect.

Patients should understand when to expect further contact, who is responsible for the next step, and when they should seek urgent help instead of waiting routinely.

# Practical Actions for LOCs Now

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1. Position primary care optometry clearly in local discussions as the community delivery model for glaucoma repeat measures, enhanced case finding and monitoring.
2. Use the GIRFT and NICE guidance to make a stronger case for consistent commissioning of GRM and ECF as core primary care services rather than optional local enhancements.
3. Press for pathway designs that include effective two-way flow through SPoA, so referrals can be directed into community optometry services as well as onward to hospital eye services when needed.
4. Develop a clear local narrative on what can be delivered through core optometrist competency, and where higher qualifications, accreditation and experience are needed to support enhanced services and monitoring.
5. Collaborate with commissioners, provider collaboratives, and hospital eye services to establish realistic service specifications, clear governance arrangements, defined patient eligibility criteria, and robust escalation pathways for safe, integrated glaucoma care — ensuring no unfunded burdens are placed on practices.
6. Help reduce unwarranted local variation by promoting consistent messages on discharge, monitoring intervals, referral standards and the role of primary care optometry within the wider glaucoma pathway.
7. Work with NHS communications teams to ensure that pathway changes are well explained and understood by patients.

# Conclusion

In summary, the GIRFT guidance is likely to increase the clinical and operational importance of primary care optometry within glaucoma pathways. It supports a model in which optometrists and their practice teams help reduce avoidable hospital demand, improve referral accuracy, contribute to safer long-term care closer to home, and become more integrated partners in a risk-based eye care system.

**For further advice or feedback on the content of this document, please contact info@locsu.co.uk**

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