



Quick Guide

Glaucoma Guide

Overview

Community-based, locally funded service for patients being considered for glaucoma related referral.
 Aim: Enable patients to make fully informed choice, provide clinicians with evidence-based guidance, reduce unnecessary service demand & improve quality of referrals.

Patient Eligibility

- Patient aged 18 and over and registered with SEL GP
- Patient is not currently under HES for glaucoma

Any patient already under HES glaucoma clinic

Overdue review	Clinical status update
•Contact HES outpatient appointments team	•Contact HES Glaucoma team directly

Patient Source

- Internal – following eye examination → Glaucoma Repeat Measures
- External – signposted via COTS triage → Glaucoma Referral Filtering

Service Delivery

Glaucoma Repeat Measures		Glaucoma Referral Filtering
Query IOP	Query VF	From COTS Triage
<ul style="list-style-type: none"> • if >23mmHg, repeat with applanation tonometry • Can be same or another day • If only slight raised at repeat and normal ONH/VF, can repeat with applanation tonometry a 2nd time on another day 	<ul style="list-style-type: none"> • Repeated VF must be using standard automated perimetry (not FDT) • Can be suprathreshold or full threshold technique • Must be supervised by optometrist • Consider completing on a different occasion to reduce patient fatigue effects 	<ul style="list-style-type: none"> • Hx and Symptoms • GAT or Perkins • Standard Automated Perimetry visual fields assessment (repeat if unreliable) • Anterior Chamber assessment using Van Herick or gonioscopy • Indirect fundus assessment with Volk (dilation where appropriate) • AS-OCT (only if practice is approved and patient eligible for service)

Service Outcomes

- Discharge from service back for monitoring by patient's community optometric care
- Recalled for repeat readings as per service protocols
- Referred onwards to glaucoma clinic

Service Requirements

- All episodes must be recorded on Outcomes platform
- Equipment: access to Outcomes & eRS; Distance & Near test chart; Appropriate ophthalmic drugs (staining agent, mydriatic); GAT or Perkins; Standard Automated Perimeter; Slit-lamp biomicroscope; Volk &/or BIO
- Practitioner: GOC registered, SEL COTS approved optometrist – 1) have higher qualification in glaucoma or 2) completed Wopec glaucoma distance learning materials
- Practice: SEL COTS approved practice

e-RS Tips

- All information is for the correct relevant patient
- Referral letter contains all relevant information as per service delivery
- All relevant associated documents such as visual field plots/images are attached
- Action requested, clinic choice and provider choice (where applicable) is clearly identified



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Referral Information

Px details	Referrer Details	Required Information	Ideal additional information
<ul style="list-style-type: none"> •Name •DOB •NHS number •Address •Contact info •GP details 	<ul style="list-style-type: none"> •Referrer's Name •Referrer's GOC number •Practice details •Practice contact info 	<ul style="list-style-type: none"> •Absence/presence of family history of glaucoma •V/V/A with pinhole if reduced •IOP •AC angle findings •ONH CD ratio •VF (not FDT) 	<ul style="list-style-type: none"> •Refraction •Risk Factors •Previous ocular history •Medical history inc meds/allergies •Disc images •OCT scans

Referral Guidance

Primary Feature	Referral criteria	Additional Features	Management Category	Proviso
IOP	35mmHg or above	Irrespective	Emergency Referral	
	30-34mmHg	Irrespective	Urgent Referral	Refinement with GAT needed first if any other form of tonometry
	24-29mmHg	With any of the following: -ONH CDR v0.8 or worse -NRR notch -Dischaemorrhage -VH0 or VH1 -Glaucomatous field loss in 2 or more quadrants	Urgent Referral	
		No other additional features	Routine Referral	Refinement with GAT needed first if any other form of tonometry
	Asymmetry of 8mmHg or more	No other additional features	Routine Referral	Refinement with GAT needed first if any other form of tonometry
ONH	CDR v0.8 or worse	IOP is 24mmHg or above	follow guidance under IOP	supporting disc image would be ideal
		No other additional features	Routine Referral	supporting disc image would be ideal
	Disc Haemorrhage	IOP is 24mmHg or above	follow guidance under IOP	supporting disc image would be ideal
		No other additional features	Routine Referral	supporting disc image would be ideal
	NRR notch or acquired pit	IOP is 24mmHg or above	follow guidance under IOP	supporting disc image would be ideal
		No other additional features	Routine Referral	supporting disc image would be ideal
Inter-eye CDR asymmetry of 0.3 or above	IOP is 24mmHg or above	follow guidance under IOP	supporting disc image would be ideal	
	No other additional features	Routine Referral	supporting disc image would be ideal	
VF	reproducible glaucomatous VF defect in 3 or more	Abnormal IOP	follow guidance under IOP	
		Normal IOP - standard automated perimetry	Routine Referral	
reproducible glaucomatous VF defect in 2 or less	Abnormal IOP	follow guidance under IOP		
	Normal IOP - standard automated perimetry	Routine Referral		
Van Herick	Grade 0 or 1	Acute angle closure signs/symptoms	Emergency Referral	
		PACS plus with Normal IOP, ONH and VF	Routine Referral	
		PACS minus with Normal IOP, ONH and VF	Monitor in practice	
		PACS plus or minus with Abnormal IOP, ONH and/or VF	Follow guidance under IOP, ONH or VF	
	Grade 2-4	No other additional features	Monitor in practice	
With additional features		Follow relevant guidance		

PACS Plus Criteria:

- Van Herick grade 0 or 1 plus any of the following: -
- Only one “good” eye
- Vulnerable adult who may not report ocular symptoms
- Family history of angle closure disease
- High hypermetropia (>+6.00DS)
- Diabetes or requiring regular pupil dilation
- On antidepressants or medication with definite anticholinergic action
- Living in remote location where access to emergency care is not possible