



Primary  
**+Eyecare**

# **Service Guide for Practices**

**Hampshire & Isle of Wight ICB  
University Hospital of Southampton**

## **Glaucoma Monitoring**

**(January 2025)**

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## Scope of this Guide

This document is intended to guide practice managers and optometrists in optical practices providing the community glaucoma service. It is not intended as an exhaustive description of the pathway.

## Related Documents

PES Internal Procedures for H&IOW UHS Glaucoma Monitoring  
Virtual Review Procedures for Glaucoma Monitoring Services

## Key Contacts for Optical Practices

<b>First Contact for all Queries</b>	Primary Eyecare Services Support	Opera 'blue bubble', or <a href="mailto:hello@referral.support">hello@referral.support</a>
<b>Katie Atkins</b>	Clinical Lead – Hampshire & Isle of Wight	<a href="mailto:Katie.atkins@primaryeyecare.com">Katie.atkins@primaryeyecare.com</a> <a href="mailto:Katie.atkins4@nhs.net">Katie.atkins4@nhs.net</a>
<b>Afia Khatun</b> (Maternity Leave starting mid-April 2024)	Contracts and Service Lead – Hampshire & Isle of Wight	<a href="mailto:Afia.khatun@primaryeyecare.com">Afia.khatun@primaryeyecare.com</a> <a href="mailto:Afia.khatun@nhs.net">Afia.khatun@nhs.net</a>
<b>Lindsay Crabtree</b> Providing Mat. Cover		<a href="mailto:Lindsay.Crabtree@primaryeyecare.co.uk">Lindsay.Crabtree@primaryeyecare.co.uk</a>
<b>Tom Mackley</b>	Glaucoma Lead	<a href="mailto:tom.mackley@primaryeyecare.co.uk">tom.mackley@primaryeyecare.co.uk</a> <a href="mailto:tom.mackley@nhs.net">tom.mackley@nhs.net</a>

- PES Glaucoma Services shared NHS.net email:  
[lgmch.glaucomamonitoring.pes@nhs.net](mailto:lgmch.glaucomamonitoring.pes@nhs.net).
- PES Office telephone number for glaucoma administration: 0161 543 8970

## Outline Description

The Hampshire & Isle of Wight, University Hospital of Southampton Glaucoma Monitoring service offers patients access to a clinical assessment in primary care optical practices to monitor the following conditions:

- Ocular hypertension (OHT)
- Suspect Glaucoma, or
- Stable chronic open angle glaucoma (COAG).

Patients entering this service were previously diagnosed and managed by University Hospital Southampton (UHS). They will be discharged from hospital care, into the community service to be seen in primary care optical practices. This strategy reduces demand for secondary care consultations, freeing up capacity for more complex cases which are more likely to require specialist intervention.

The service enables patients to be seen in convenient healthcare locations across the local area, having their glaucoma diagnostic tests performed by primary care optometrists. Their clinical observations and test results are then reviewed by glaucoma specialist practitioners using an asynchronous virtual review process.

The purpose of this service is to improve patient care by:

- Providing improved access to a high-quality glaucoma monitoring service and hence reducing the risk of avoidable sight loss,
- Providing care closer to home,
- Reduce the number of visits the patient needs to make to secondary care,
- Reduce waiting lists and times for appointments in secondary care,
- Providing accurate data about outcomes and patient satisfaction to inform future service development and improvement.

## Practice Compliance

To participate in the glaucoma monitoring service, the optical practices must enter into an agreement with Primary Eyecare services which will require:

- Holding a current NHS General Ophthalmic Services (GOS) contract.
- Completion of the Opera onboarding process, including signing a contract with Primary Eyecare Services.
- To complete onboarding the following documentation is required and will need to be uploaded onto the practice profile on Opera:
  - Quality in Optometry Level 1
  - QiO Infection Control Audit and associated checklist
  - DSPT Toolkit for Optical Practices
  - Employers and Public Liability Insurance Certificate
- The practice must engage at least one optometrist who has met the clinical accreditation requirements below and has been added to the practice profile.

Guidance on Practice onboarding can be found in [Opera Help](#):

[Practice Onboarding - OPERA \(optom-referrals.org\)](https://www.optom-referrals.org/practice-onboarding-opera)

Queries should be directed to [hello@referral.support](mailto:hello@referral.support) or via the Opera 'blue bubble'.

## Clinician Accreditation

Optometrists who provide glaucoma monitoring consultations (including supervision of non-registrant staff to complete delegated tasks) must have the following accreditation:

1. Registered on the NHS Performer's List (OPL Number).
2. Completed Safeguarding Training Level 2 for Adults and Children.
3. Hold a valid DBS certificate and be registered for the DBS update service.
4. Have valid professional indemnity insurance
5. Hold either;  
Level 1 and 2 of the LOCSU/WOPEC Glaucoma Module  
(i.e. both the theory and practical elements)  
*Or*  
The College of Optometrists Professional Certificate in Glaucoma.
6. Have a login to the Opera platform and have uploaded evidence of the above onto their practitioner profile.

Practice Compliance and Clinician Accreditation requirements are continuous and ongoing; should the practice or practitioner no longer satisfy these requirements then they must inform PES and cease providing this service.

Guidance for Practices and Practitioners can be found in [Opera Help](#):

Useful links to Opera Help articles:

[Inviting a Practitioner to access your Practice Opera account - OPERA \(optom-referrals.org\)](#)

[Onboarding as a Practitioner for OPERA - OPERA \(optom-referrals.org\)](#)

[Practitioner Profiles - OPERA \(optom-referrals.org\)](#)

Queries should be directed to [hello@referral.support](mailto:hello@referral.support) or via the Opera 'blue bubble'.

## Equipment

All practices participating in the service must have the following equipment:

- Access to the internet
- Ability to upload images of visual field plots and OCT scans to Opera.
- Means of indirect ophthalmoscopy (Volk/headset indirect ophthalmoscope)
- Slit Lamp
- Optical Coherence Tomographer (OCT)
- Goldman applanation / Perkins tonometer.
- Distance test chart (Snellen/LogMAR) and near test type.
- Threshold fields equipment to produce written report.  
Either Henson 8000/9000 or Humphrey VFA.
- Appropriate ophthalmic drugs (Mydriatic/Anaesthetic/Staining agent)

Queries should be directed to [hello@referral.support](mailto:hello@referral.support) or via the Opera 'blue bubble'.

## Financial Compensation

The fee paid to practices for this service is **£75** per assessment. Invoicing to the commissioners is triggered by timely and accurate completion of the relevant clinical forms on Primary Eyecare Services' clinical web platform, Opera.

Primary Eyecare Services generates a consolidated invoice for the commissioners on behalf of all participating practices within approximately 2 weeks of the end of a calendar month, requesting payment within 28 days. Once remittance is received from the ICB, Primary Eyecare Services distributes funds to optical practices according to the activity undertaken. This may take a further 2 weeks or sometimes longer if there are delays outside our control. For these reasons, activity undertaken early in January, which is invoiced in February, may not arrive in a practice account until the end of March, or early April. Of course, a constant flow of clinical activity will ensure a constant flow of funds.

Further information about invoicing and how to track payments can be found on the Opera Help Centre. Search for "Practice Invoices and Reconciliation".

Queries should be directed to [hello@referral.support](mailto:hello@referral.support) or via the Opera 'blue bubble'.



## Patient Transfer into the Service

### Discharge from the Hospital

Clinical teams within UHS are responsible for identifying patients suitable for discharge from hospital care and referral into community glaucoma monitoring. The patient's glaucoma diagnoses must fall into one of the following categories:

- Untreated or treated Ocular Hypertension (OHT),
- Untreated or treated Suspect Open Angle Glaucoma,
- Untreated or treated Chronic Open Angle Glaucoma (COAG),
- Pigment Dispersion Syndrome (PDS).

At the time of transfer all patients must be considered clinically stable and stratified as 'low risk' as defined by GLAUC-STRAT-FAST (G1 – G3).

**Important:** Optical practices should not accept any patients into the service who fall outside these diagnostic categories, even if UHS colleagues offer them for transfer. Please contact your Clinical Lead if you believe a new patient transfer falls outside the intended scope. Patients identified as being unsuitable for the service at virtual review will be transferred to a more appropriate pathway.

To offer continuity of care we request clinical baseline data, a management plan, and imaging from the hospital as described below:

- Full patient details including name, address, contact number(s), GP practice.
- Date of last visit at UHS
- Recall Interval determined by the previous clinician at UHS
- Target date for the next assessment
- Patient's ocular history, including diagnoses.
- Current ocular medication (if on any)
- Allergies
- Visual acuity at last visit for both eyes
- Last recorded intraocular pressures (IOP) for both eyes
- Peak intraocular pressures for (IOP) both eyes
- Central corneal thickness (CCT) for both eyes
- Management plan and comments by last reviewer
- Optic Nerve Head & Retinal Nerve Fibre Layer OCT report for both eyes
- Visual Field Plot (Central 24-2) for both eyes

Patients should receive a letter from UHS explaining that they are being discharged from hospital care and referred into the community monitoring service.

### The PES Glaucoma Administrative Team

Administrators in the PES Office in Manchester access UHS records remotely to download the relevant data, which is then uploaded into Opera. The same team attempt to contact patients to offer a choice of optical practice location, with reference to practice capacity. If the patient cannot be reached, they are allocated to their closest practice with capacity. Text messages or letters are sent to patients to confirm the practice name and introduce the service, including the contact number for the administrative team and a web link to the service page on the PES website.

### The Optical Practice

The following tasks need to be completed by the optical practice:

- Identifying new patient referrals.
- Accepting patients into the service on Opera.
- Booking appointments and recording bookings in Opera.
- Submitting the clinical examination data on Opera.
- Completing glaucoma and non-glaucoma referrals, where indicated.
- Recalling patients at the appropriate time for follow-up.
- Tracking existing patients through Opera.
- Responding to Failsafe reports from PES.
- Recording FTE/DNA/WNB on Opera where appropriate.

This may require collaboration between administrative and clinical members of the practice team and will be explained in more detail below.

## New Patients

New patients can be found in the Glaucoma Workflow or on the Clinical Dashboard under 'Action Required', with the status:

NEW COMMUNITY GLAUCOMA TRANSFER - TARGET DATE FOR APPOINTMENT - DD-MM-YYYY.

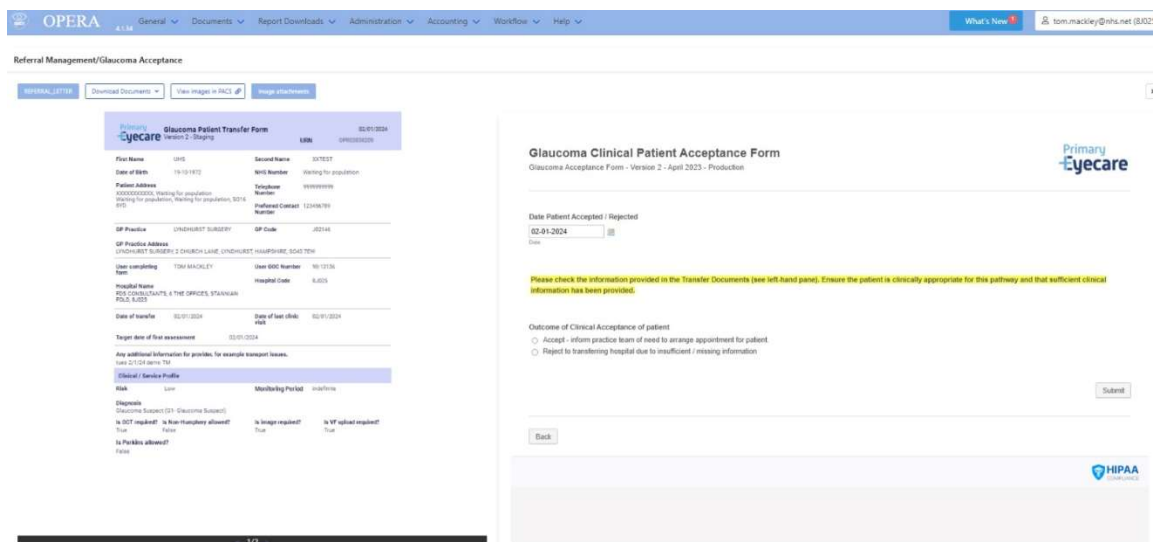
Practices are advised to implement a routine administrative procedure to ensure the Clinical Dashboard is checked regularly. This should but done *at least* weekly, and daily for busier practices.



OPR	Status	Date	Patient Name	GOC	Days Waiting	Actions
OPR04504765	NEW COMMUNITY GLAUCOMA TRANSFER - TARGET DATE - 30-04-2024	30-04-2024	XXTEST XXTEST	98-13136	0	<a href="#">VIEW EPISODE</a> <a href="#">MARK AS COMPLETE</a>

## Accepting the patient

The first quick and simple action for a new patient is to 'Accept' the transfer. An accredited user views the OPR then clicks the yellow 'Glaucoma Acceptance' tab. First, check the patient demographics, then read the patients clinical background, which is on the left-hand side of the screen.



Referral Management/Glaucoma Acceptance

Glaucoma Patient Transfer Form

Glaucoma Clinical Patient Acceptance Form

Date Patient Accepted / Rejected: 02-01-2024

Outcome of Clinical Acceptance of patient:

Accept - inform practice team of need to arrange appointment for patient

Reject to transferring hospital due to insufficient / missing information

The clinician is asked to either 'Accept' the patient into glaucoma monitoring, or to 'Reject' due to insufficient clinical data or inappropriate diagnosis. Rejections should be very rare in the UHS service, so we ask users to raise a query with the Clinical Lead **before** processing any rejections on Opera.

If you accept a patient with an inappropriate diagnosis, it will be picked up in the virtual review, but there will be a delay until the patient has been seen in clinic.

Practices are required to accept or reject new patients on the Opera platform as soon as possible, and typically **within 1 week** of the patient transfer. Annual leave or sickness may extend this for short periods, but this should be the exception not usual practice.

Once accepted, the OPR status will update to:

GLAUCOMA BOOKING REQUIRED - TARGET DATE FOR APPOINTMENT - DD-MM-YYYY

It will be listed under 'Booking Required' on the Clinical Dashboard and will be visible in the Glaucoma Workflow.

Queries should be directed to [hello@referral.support](mailto:hello@referral.support) or via the Opera 'blue bubble'.

## Appointment Booking

Patients must be booked in as close as possible to the target appointment date to ensure timely care. If the practice is experiencing capacity issues, then please liaise with Primary Eyecare Services before serious delays start to accumulate.

Arranging timely care is the responsibility of the practice. This includes initial engagement to make the first appointment following transfer as well as future recall reminders, bookings, and re-bookings. Critical to clinical safety is the management of FTE (Fail to engage) and DNA/WNB (Did not attend / Was not brought) procedures: Please see the dedicated section below for more details.

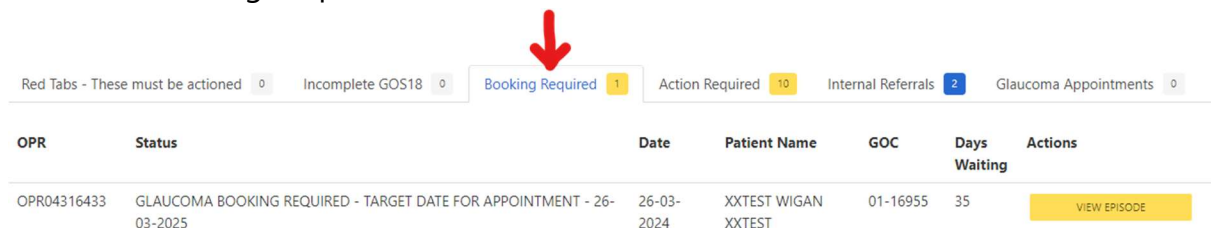
When booking glaucoma appointments, remind patients that:

- they may be dilated.
- to bring their current spectacles to their appointment.

*Note regarding concurrent sight tests:* When patients book glaucoma monitoring appointments they may wish to book a sight test on the same day. All the patients entering the service will be entitled to a routine GOS sight test so this service can be used once current eligibility has been confirmed.

Some patients attending the service may choose to have their sight test elsewhere and this must be respected. It is a condition of remaining in the service that you do not attempt to persuade patients to attend your practice for their sight test if they do not choose to. Requiring patients to attend your practice for a sight test in order to access the glaucoma service is prohibited.

Appointment booking should be recorded on Opera at the same time as it is performed in the practice systems. Locate the OPR using Glaucoma Workflow or from the 'Booking Required' tab on the Clinical Dashboard.



The screenshot shows a navigation bar with several tabs: 'Red Tabs - These must be actioned' (0), 'Incomplete GOS18' (0), 'Booking Required' (1), 'Action Required' (10), 'Internal Referrals' (2), and 'Glaucoma Appointments' (0). A red arrow points to the 'Booking Required' tab. Below the navigation bar is a table with the following data:

OPR	Status	Date	Patient Name	GOC	Days Waiting	Actions
OPR04316433	GLAUCOMA BOOKING REQUIRED - TARGET DATE FOR APPOINTMENT - 26-03-2025	26-03-2024	XXTEST WIGAN XXTEST	01-16955	35	<a href="#">VIEW EPISODE</a>

Click 'View Episode' and then 'Glaucoma Booking' yellow tabs to enter the booking screen. Note the small blue icons to the right which can be used to access referral documents, or record a FTE/DNA/WNB ('Empty Chair'), or other reasons for closure.

URN	GOC	Forenames	Surname	Provider	Referral Status
OPR04504765	98-13136	XXTEST	XXTEST	BOSTON HOUSE AND WWL EYE UNIT	GLAUCOMA BOOKING REQUIRED - TARGET DATE FOR APPOINTMENT - 30-04-2024

Ideally, have the Opera booking pages open when you speak to the patient. The first step will ask you to confirm the patient demographics. It is important to pay attention to this step and not click through immediately. Opera pulls patient demographics from the NHS spine *at the time the OPR was created*. At the first contact they should be accurate, but they do *not* update thereafter.

**Primary Eyecare** Glaucoma Acceptance Form 20/04/2024  
OPR04504765

First Name XXTEST	Second Name XXTEST
Date of Birth 10/08/2010	Gender Female
Address XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	NHS Number Waiting for population
GP Practice Name COCKHEDGE MEDICAL CENTRE	Preferred Contact Number 111 223333
GP Code N81637	GP Code N81637
GP Practice Address 7 COCKHEDGE WAY, COCKHEDGE SHOPPING CENTRE, WARRINGTON, WA1 2QQ	Optical Practice WIGAN HEALTH CENTRE, BOSTON HOUSE F200, JARLE WALK, LANGSTRENE W19 7UB, W0770
User GOC Number 98-13136	Optical Practice OD Code RRF70
Date Patient Accepted / Rejected 08/06/2024	Outcome of Clinical Acceptance of patient Accepted - Inform practice team of need to arrange appointment for patient.

Glaucoma Acceptance Form submitted on: Tuesday, 20 April 2024

**Primary Eyecare** Glaucoma Appointment Booking Form  
Glaucoma Appointment Booking Form - Version 2 - April 2023 - Production

Patient First Name *	Patient Second Name *	Patient NHS Number
XXTEST	XXTEST	Waiting for population
Patient Date of Birth *	Patient Telephone Number	
10-08-2010		
Patient Address	Patient GP Code *	
XXXXXXXXXXXXXXXXXXXX Street Address	N81637	
Waiting for population	Patient GP Practice Name	
Street Address Line 2	COCKHEDGE MEDICAL CENTRE	
Waiting for population	City	State / Province
L1 1HU		
Postal / Zip Code		
Patient GP Practice Address		
7 COCKHEDGE WAY, COCKHEDGE SHOPPING CENTRE, WARRINGTON, WA1 2QQ		
User GOC Number	Optical Practice OD Code	Optical Practice Name
98-13136	RRF70	WIGAN HEALTH CENTRE, I

Confirm the demographic details with the patient and/or against your own records, particularly when a period has elapsed since the initial transfer of care. If any details have changed then they can be amended on this screen.

At the next step, record the appointment date and time and send the patient an SMS/email confirmation if desired (no cost).

### Glaucoma Appointment Booking Form

Glaucoma Appointment Booking Form - Version 2 - April 2023 - Production

Target date for appointment

I would like to:

- Book patient appointment
- Reject back to transferring organisation - Unable to contact
- Reject back to transferring organisation - Patient moved out of area
- Reject back to transferring organisation - Patient deceased
- Reject back to transferring organisation - other

Date \*  Time \*  :

Would you like to send an SMS or email with appointment details?

- Not required
- Yes - via SMS
- Yes - via email

Mobile Phone number \*

Patients can be rejected at this stage, per the options above. Please refer to the section on FTE/DNA/WNB before rejecting any patients and provide details in the comments to assist us in audit (So we don't need to contact the practice to ask!)

Once booked, the OPR status will update to:

GLAUCOMA MONITORING APPOINTMENT BOOKED - DD-MM-YYY HH:MM

It may be found in the Glaucoma Workflow, or in the 'Glaucoma Appointments' tab on the Clinical Dashboard:

OPR	Status	Patient Name	Days to appointment	Actions
OPR04509967	GLAUCOMA MONITORING APPOINTMENT BOOKED - 01-05-2024 7:00	XXTEST WIGAN XXTEST	1	<input type="button" value="VIEW EPISODE"/>

Booked appointments will be on the Calendar, selected from the 'General' Menu:

MON	TUE	WED	THU	FRI	SAT	SUN
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29						

Queries should be directed to [hello@referral.support](mailto:hello@referral.support) or via the Opera 'blue bubble'.

## Clinical Examination

The following clinical steps are mandatory unless physically impossible or clinically inappropriate. Omissions need to be documented and explained in the record.

1. **History and symptoms**

To include comment on current visual experience, adherence to the treatment regime, details of side effects, and any specific concerns.

A full ocular history is required even if not directly related to glaucoma. Include all surgical intervention (e.g. pseudophakia) and trauma.

Medical history, especially if there is relevance to eye health and glaucoma: e.g. diabetes, circulatory disease, anticholinergic / anticoagulant medication.

Also include glaucoma risk factors such as family history and ethnicity.

2. **Visual Acuity (VA):** Using the patient's current spectacles or a pinhole.

3. **Intraocular pressures (IOP)** using slit-lamp mounted Goldmann. If the patient is physically unable to access the slit lamp a Perkins tonometer may be used. Use of iCare, Pulsair, or other NCT is outside the service specification cannot be used without exceptional justification.

4. **Visual field assessment** using threshold automated visual field analyser. We recommend Humphrey SITA Fast 24-2, or Henson 8000/9000 equivalent.

5. **Assessment of the optic nerve** using slit lamp biomicroscopy. Pupil dilation provides a significantly improved view and should be employed as required.

6. **Assessment of the anterior segment** to include peripheral anterior chamber depth using Van Herrick's technique.

7. **Disc imaging:** Photograph of the optic nerve head and OCT scanning relevant to glaucoma management, i.e. disc and macula assessments.

Once the clinical assessment is complete, the community optometrist considers if the glaucoma condition is stable or unstable, if co-pathology requires further investigation or treatment, and the urgency of any referral. This is covered in more detail below.



At the conclusion of the examination, you may discuss the findings with the patient but please remain clear that in routine cases the final management decision will be made by a glaucoma specialist clinician at Primary Eyecare Services upon review of the whole file.

Unless an urgent or emergency referral is required, please do not speculate on the likely outcome of the virtual review. Explain that a letter will be sent to the patient with the management decision. Any patient enquiries should be directed to the practice, but PES clinicians are available to support where required.

### Clinical Responsibility

Responsibility for patient care lies with the organisations and clinicians that provide the Glaucoma Monitoring Service. Overall clinical leadership is provided by PES's Consultant Lead and Glaucoma Lead, who provide oversight to ensure the right procedures are in place to deliver safe and effective care. This includes internal administrative processes as well as clinical governance through examination of outcome data.

Optical practices hold organisational responsibility to provide care as described by the service documents. The examining primary care clinician takes clinical responsibility for the physical examination and any urgent or emergency management. Routine patient management decisions are the responsibility of PES's glaucoma clinicians through a virtual review process.

During all interactions clinicians must adopt a patient-centred approach. This may require them to address the wider needs of a patient by referring or signposting into other care pathways, both in optical practice (e.g. sight test, MECS/CUES), or relating to general health (e.g. general practice, pharmacy hypertension case-finding). Safeguarding of vulnerable patients is also a fundamental responsibility for everyone involved in healthcare.

### Clinical Support

If optical practices require clinical support – including to answer patient questions – then please contact either the Clinical Lead or the Glaucoma Lead. This can be done from the blue bubble in Opera, by emailing [hello@referral.support](mailto:hello@referral.support), or by using the direct email addresses listed at the beginning of this document. The administrative team can be reached by telephone on 0161 543 8970 and can relay messages to PES clinicians. Please do *not* advise patients to contact the local hospital.



## Glaucoma Clinical Assessment Form, page 1

### Glaucoma Clinical Assessment Form

Glaucoma Clinical Assessment Form - Version 2 - April 2023 - Production



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Allocate to practice (postcode, ODS code or name)			Clinical User Name	
<input type="text" value="WIGAN VISION PLUS LIMITED SPECSAVERS"/>			<input type="text" value="TOM"/>	<input type="text" value="MACKLEY"/>
<small>First Name</small>	<small>Last Name</small>			
Clinician GOC / GMC Number	Target date of assessment	Date of Assessment *		
<input type="text" value="01-16955"/>	<input type="text" value="02-05-2024"/>	<input type="text" value="01-05-2024"/>		
		<small>Date</small>		
Was assessment undertaken in agreed timeframe ? *				
<input type="radio"/> Yes				
<input type="radio"/> No				

---

Most of these data fields will self-populate, but the user must check accuracy.

Clinical data should be entered at the time of the consultation, or within 24 hours at the latest unless prevented by technical issues. If entering clinical data post hoc, it is important to edit the **Date of Assessment** to ensure your clinical record is accurate.

Indicate if the assessment was undertaken within the agreed timeframe. Hampshire & Isle of Wight Glaucoma Monitoring appointments should be conducted be within 4 weeks of the target date. If this has not been possible, please select a reason from the list. These broad categories help us understand service pressures and support the timely delivery of care.

**Reason for delay in assessment \***

- Patient choice
- Hospital transfer issue
- Practice Factors
- Patient FTA prior appointments

## Glaucoma Clinical Assessment Form, page 2

### Glaucoma Clinical Assessment Form

Glaucoma Clinical Assessment Form - Version 2 - April 2023 - Production



#### History and Symptoms \*

Please note any symptoms / complaints / comments from the patient, include family ocular history, driving status

#### General Health \*

Please note any symptoms / complaints / comments from the patient, include allergies, smoking status, alcohol intake

#### Non-ocular medications

#### Is patient using non-glaucoma ocular medications? \*

- Yes  
 No

#### Is patient taking glaucoma medication? \*

- Yes  
 No

Back

Next

The form is self-explanatory. Please provide sufficient detail to assist the reviewer. The ocular and glaucoma medication sections expand to collect further detail. Non-glaucoma medication is relevant, e.g. use of ocular lubricants for ocular surface disease, or ocular steroids. Refer to the clinical information in the documents to the left to confirm if the patient is taking the drops previously described and note any discrepancies.

#### Is patient using non-glaucoma ocular medications? \*

- Yes  
 No

#### Non-Glaucoma Related Drops \*

#### Is patient taking glaucoma medication? \*

- Yes  
 No

#### Do the glaucoma medications match those most recently prescribed by glaucoma clinician? \*

- Yes  
 Yes, but generic format  
 No

#### Is patient adherent with medication regime? \*

- Yes  
 No

#### Any issues with repeat Rx sourcing? \*

- Yes - GP Issue  
 Yes - Pharmacy / Supply Issue  
 No

#### Side effects reported by patient \*

- |   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> None                             | <input type="checkbox"/> Red eye(s)   | <input type="checkbox"/> Itchy, irritable eye(s) | <input type="checkbox"/> Blurred vision      |
| <input type="checkbox"/> Nausea                           | <input type="checkbox"/> Headaches    | <input type="checkbox"/> Taste disturbance       | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Palpitations                     | <input type="checkbox"/> Swollen Lids | <input type="checkbox"/> Allergic Reaction       | <input type="checkbox"/> Dry Eyes            |
| <input type="checkbox"/> Pigmentation of Peri-ocular skin |                                       |  |  |

Back

Next

Asking about drop adherence is important. (Try asking how *often* they are missed, rather than *if* they are missed - everyone misses sometimes!). Issues with repeat prescriptions from the GP or poor availability at the pharmacy can indicate inconsistent use of the medication. Some side effects will raise an additional warning flag which may require further consideration.

Glaucoma Clinical Assessment Form

Glaucoma Clinical Assessment Form - Version 2 - April 2023 - Production



VA Type \*  Measure Visual Acuity as: \*  
 Snellen  
 LogMAR

van Heriok Right Temporal  van Heriok Right Nasal   
 van Heriok Left Nasal  van Heriok Left Temporal

Gonioscopy Right  Gonioscopy Left   
 Anterior Chamber, Gonioscopy details and Angle Comment  
 Type here...

Central Corneal Thlokness Right  Central Corneal Thlokness Left   
 Comment for CCT (eg method, or if std deviation >5mmHg)  
 Type here...

IOP Right Eye \*  IOP Left Eye \*  Time of IOP \*  :   
 Hour Minutes Select Tonometer Type \*

IOP Comment  
 Type here...

Visual Fields Right \*  Visual Fields Left \*  Visual Fields Humphrey Instrument  
 Humphrey   
 Visual Field Comments  
 Type here...

Back Next

Most fields are self-explanatory. Red stars indicate compulsory fields on Opera, but be aware of local service guidance regarding essential clinical entries:

For Hampshire & Isle of Wight, please add as much clinical detail as possible to assist the virtual review clinician. You are not expected to perform gonioscopy but are welcome to do so and enter findings if you wish. Van Herick is important, although temporal measures are usually sufficient. Comment on any anterior chamber features such as iris anomalies, depth, or cell activity. CCT measures are optional but may be added from OCT or ultrasonic devices, noting the technique in the comments. IOP comments may include pulsation, poor mires due to corneal scarring, or a tendency to squeeze. Equally, visual fields comments may include patient difficulty with the test, lid taping, changing which eye was measured first, or re-testing.

## Glaucoma Clinical Assessment Form, page 4

### Glaucoma Clinical Assessment Form

Glaucoma Clinical Assessment Form - Version 2 - April 2023 - Production



<b>C:D Ratio Right Eye *</b> <input type="text"/> <small>This field is required.</small>		<b>C:D Ratio Left Eye *</b> <input type="text"/>	
<b>Optic Disc Diameter Right</b> <input type="text"/> <small>measurement in millimetres (mm)</small>	<b>Optic Disc Diameter Left</b> <input type="text"/> <small>measurement in millimetres (mm)</small>		
<b>Disc Right Haemorrhage</b> <input type="radio"/> Present <input type="radio"/> Absent <input type="radio"/> Unable to assess	<b>Disc Left Haemorrhage</b> <input type="radio"/> Present <input type="radio"/> Absent <input type="radio"/> Unable to assess		
<b>ISNT Rule applies Right</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to assess	<b>Rim thinning location Right</b> <input type="text"/>	<b>ISNT Rule applies Left</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to assess	<b>Rim thinning location Left</b> <input type="text"/>
<b>Peripapillary atrophy Right Eye</b> <input type="radio"/> Present <input type="radio"/> Absent <input type="radio"/> Unable to assess	<b>Peripapillary atrophy Left Eye</b> <input type="radio"/> Present <input type="radio"/> Absent <input type="radio"/> Unable to assess		
<b>NRR / Disc comments</b> <input type="text"/>			
<input type="button" value="Back"/> <input type="button" value="Next"/>			

Most fields are self-explanatory. Red stars indicate compulsory fields on Opera, but be aware of local service guidance regarding essential clinical entries:

For Hampshire & Isle of Wight, please add as much clinical detail as possible to assist the virtual review clinician. Disc diameter can be measured manually with the Volk lens ([and a conversion factor if required](#)), or using your OCT software, but even a comment of 'large disc' can be useful. Knowing if disc haemorrhages were seen is valuable as they may be less apparent on imaging. ISNT can provide reassurance of likely normality, even if not confirmation of abnormality. The location of rim thinning is useful when comparing clinical findings against OCT & VF. PPA presence and any additional comments are very welcome to help inform the reviewer.

## Glaucoma Clinical Assessment Form, page 5

### Glaucoma Clinical Assessment Form

Glaucoma Clinical Assessment Form - Version 2 - April 2023 - Production



#### Ocular Adnexa Right

- Quiet  
 Prostaglandin Association  
 Blepharitis
- Erythma  
 Lid lesion  
 Other

#### Ocular Adnexa Left

- Quiet  
 Prostaglandin Association  
 Blepharitis
- Erythma  
 Lid lesion  
 Other

#### Ocular Surface Right

- Good  
 Poor
- Superficial Punctate Keratitis  
 Other

#### Ocular Surface Left

- Good  
 Poor
- Superficial Punctate Keratitis  
 Other

#### Lens Status Right

- Phakic - Clear  
 Phakic - mild NS only  
 Phakic - Cataract  
 IOL (AC)
- IOL (PC)

#### Lens Status Left

- Phakic - Clear  
 Phakic - mild NS only  
 Phakic - Cataract  
 IOL (AC)
- IOL (PC)

#### Additional comments in relation to clinical assessment

Type here...

Back

Next

Most fields are self-explanatory. Red stars indicate compulsory fields on Opera, but be aware of local service guidance regarding essential clinical entries:

For Hampshire & Isle of Wight, please add as much clinical detail as possible to assist the virtual review clinician. Commentary on the adnexa can be relevant to medication tolerance and surgical risk if referring. Ocular surface issues are common in glaucoma patients on medication but can also be a reason to recommend SLT rather than starting drops in unmedicated patients. Lens status is very important to aid understanding of acuity measures, likely anterior chamber configuration, and possibility of narrow angles or pupil block. Additional comments are very welcome.

## Glaucoma Clinical Assessment Form, page 6

### Glaucoma Clinical Assessment Form

Glaucoma Clinical Assessment Form - Version 2 - April 2023 - Production



Please upload visual fields Right Eye \*

Browse Files

Please upload visual fields Left Eye \*

Browse Files

Please upload visual fields Both Eyes

Browse Files

Please upload optic nerve head image Right Eye \*

Browse Files

Please upload optic nerve head image Left Eye \*

Browse Files

OCT Report Right Eye \*

Browse Files

OCT Report Left Eye \*

Browse Files

Other Report

Browse Files

Other Report 2

Browse Files

Back

Next

The upload screen requires:

- Visual Fields for right and left eyes.
- Optic Nerve Head images for right and left eyes.
- OCT Reports for right and left eyes.
- And can accommodate further uploads if necessary.

Accepted files formats:

.pdf  
.doc  
.docx  
.txt  
.rtf  
.html  
.jpg  
.jpeg  
.png  
.gif  
.bmp  
.tif  
.tiff



## Glaucoma Clinical Assessment Form, page 7

### Glaucoma Clinical Assessment Form

Glaucoma Clinical Assessment Form - Version 2 - April 2023 - Production



#### Examining Clinician's suggested outcome

▼

- Continue in Community Monitoring Service
- Referral back to transferring organisation - Glaucoma Progression
- Referral back to transferring organisation - Non Glaucoma related
- Red Flag - urgent referral back to transferring organisation
- Discharge - as per management plan

Does patient agree to receive communications about the glaucoma service via email?

Yes  No

Please select how the patient would like to receive their PROMS survey? \*

- Patient does not consent to PROMS survey
- Patient would like to receive link by email
- Patient would like to receive link by text message

Please enter an email address or mobile telephone number to receive the PROMS survey

The following text is hidden by the drop-down menu above, "This patient will be reviewed by the hospital or Primary Eyecare Services Clinicians. Your opinion here is valued. Final outcome will be determined by specialist."

In a virtually reviewed service like Hampshire & Isle of Wight, all outcomes chosen by the community optometrist are subject to review by a glaucoma specialist before the final management plan is determined. This will happen in all cases, but the outcome on this page will determine if the review is labelled as Urgent or Routine:

#### *Assigned to Routine PES Review*

- Continue in Community Glaucoma Monitoring Service.
- Referral back to transferring organisation – Non-glaucoma related.
- Discharge – as per management plan.

#### *Assigned to Urgent PES Review*

- Referral back to transferring organisation – Glaucoma Progression.
- Red Flag – Urgent referral back to transferring organisation.

**The notes on the following pages are particularly important.**

PES will prioritise urgent reviews and process all routine cases within approximately 2 weeks. However, there is potential for delayed care, even when flagged as Urgent. Please see the following important points regarding outcomes:

**IMPORTANT 1:** If you conclude that the patient requires medical attention to manage their eye condition within the next week, please refer outside of the Opera glaucoma module, according to your local protocols. Document this in the record so the reviewer can see this has already been done.

Refer to the [College of Optometrists website](#) for guidance on emergency / urgent conditions, or to local acute trust guidelines where available.

**IMPORTANT 2:** For non-glaucoma referrals, please complete the referral outside of the Opera glaucoma module, according to local pathways and document this on the record. This may include referring into other primary care pathways such as CUES (if the presentation is within scope and is likely to be managed without onward referral to secondary care). If there is no overlap with glaucoma management then the reviewer is likely to keep the patient in the community glaucoma monitoring service and allow co-pathology to be managed separately.

**IMPORTANT 3:** If the patient has visually significant cataract and wishes to be referred for surgery, consider if they might benefit from combined phacoemulsification with IOL and Minimally Invasive Glaucoma Surgery (MIGS). Patients with OHT and many types of glaucoma can benefit from improved IOP management and reduced dependence on eyedrops through phaco-MIGS. If unsure, request guidance from the virtual reviewer, making it clear that the referral has not yet taken place. If you refer for phaco-MIGS the reviewer may discharge the patient from the community glaucoma service.

Queries should be directed to [hello@referral.support](mailto:hello@referral.support) or via the Opera 'blue bubble'.

### Additional Guidance for Examining Clinicians in a Virtual Review Service

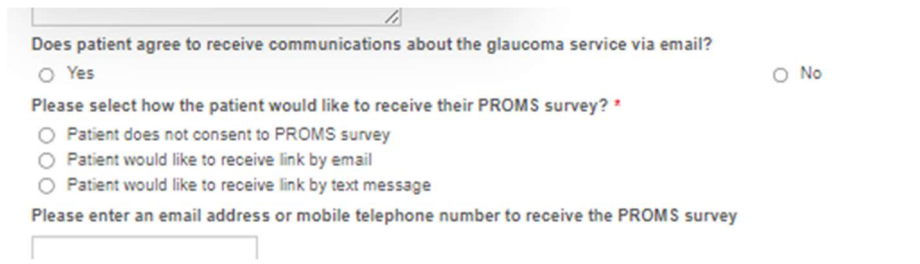
Adequate clinical notes are essential in all glaucoma services but are especially important where the patient record is subject to virtual review. The examining clinician may not make the final management decision, but in gathering clinical data they perform a critical part of the process and should include as much relevant information as possible to aid the reviewer in reaching a decision. The Opera forms provide guidance and should be completed as fully as possible, even if not all fields are compulsory.

Similarly, good quality visual field tests, fundus photographs, and OCT scans are essential for safe clinical decision making. If these tasks are delegated to technicians, then clinicians have a responsibility to check the output and attempt to remedy any deficiencies before determining the outcome or uploading for virtual review. If circumstances prevent the capture of good quality data, then details should be recorded on the Opera record. This may include a recommendation to remove the patient from a virtual review service if the patient is not suitable.

Queries should be directed to [hello@referral.support](mailto:hello@referral.support) or via the Opera 'blue bubble'.

## Patient email communications and the PROMs survey

The lower half of the final outcome page has the following fields:



The screenshot shows a digital form with the following content:

- Does patient agree to receive communications about the glaucoma service via email?  
 Yes  No
- Please select how the patient would like to receive their PROMS survey? \*  
 Patient does not consent to PROMS survey  
 Patient would like to receive link by email  
 Patient would like to receive link by text message
- Please enter an email address or mobile telephone number to receive the PROMS survey

Please ask for a contact email address. We will use this to send outcome letters which is considerably cheaper than posting patient letters. Money saved in service delivery helps us allocate resources for future development (we are 'not for profit').

As with any commissioned service we need to record Patient Reported Outcome Measures (PROMs). This is a very short series of questions sent by text message to the mobile phone number supplied. Please encourage uptake as this is valuable information. Evidence of satisfied patients helps us negotiate continuation and expansion of services. Being alerted to dissatisfaction enables us to identify and address weaknesses.

### Following Completed Clinical Examination

Once the episode is completed the OPR Status will be either:

URGENT PES GLAUCOMA REVIEW REQUIRED, or  
ROUTINE PES GLAUCOMA REVIEW REQUIRED.

The patient will still be visible in your Glaucoma Workflow, but the OPR will not appear in the Clinical Dashboard or be retrievable under Manage Referrals until the review process is complete.

### Following Virtual Review

Once the clinical review is complete the patient will receive an outcome letter and the practice will be able to see the review records on Opera. If the patient is to remain in the service at your practice, then their status will be updated to:

CONTINUE IN GLAUCOMA SERVICE - BOOKING REQUIRED - TARGET DATE FOR APPOINTMENT - D-M-Y

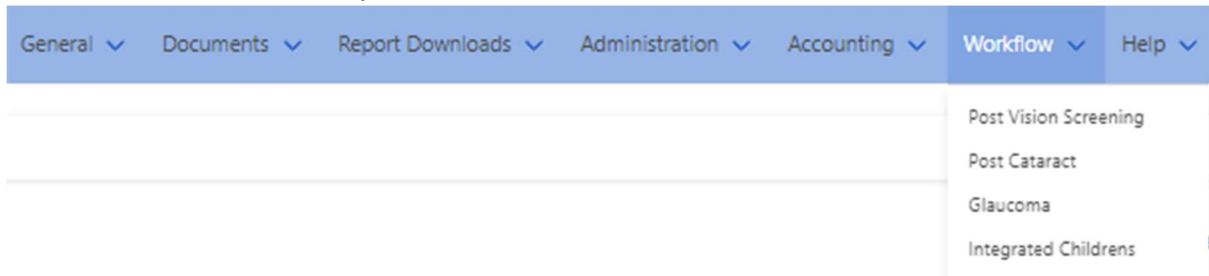
This will show in the Glaucoma Workflow and the OPR will be in the 'Booking Required' tab on the Clinical Dashboard.

## Patient Tracking and Recall

Optical practices are responsible for recalling and booking patients in a timely manner. There are several tools provided in Opera to help achieve this:

### Glaucoma Workflow

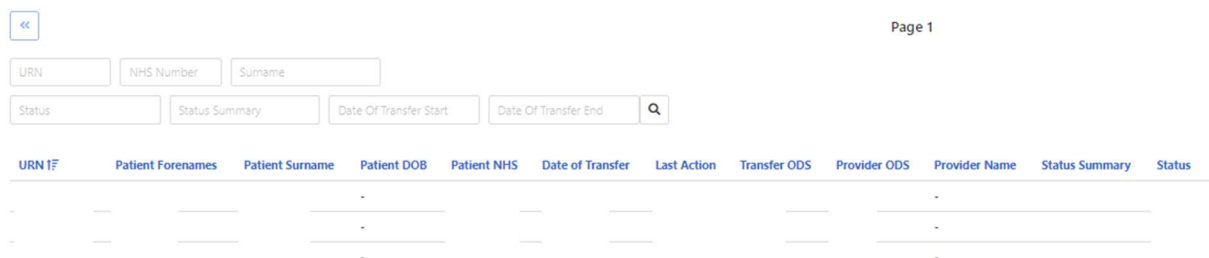
All patients under the community glaucoma monitoring service assigned to your practice should be visible in the Glaucoma Workflow. This can be found in the Workflow menu at the top of the screen:



Use the search boxes at the top to locate the patient(s) you need to identify.

Examples,

- Search 'PENDING ACCEPTANCE' in the Status Summary box to locate patients waiting to be accepted into the service.
- Search 'BOOKING' in the Status Summary box to locate patients waiting for appointment booking who have the status, **CONTINUE IN SERVICE - AWAITING BOOKING** (existing patients), and **AWAITING BOOKING** (new transfers awaiting booking for the first time)



It is also possible to search by NHS Number, Surname, or Date of Transfer.

## Calendar

Booked appointments can be seen in the Calendar, selected from the General menu. The calendar view can be switched between weekly or monthly, and the 'schedule' option lists all booked appointments in date order for a given month.

Unfortunately, OPRs displayed in the Calendar cannot be 'clicked'. To bring up the patient record just copy & paste the OPR into Manage Referrals.

## Clinical Dashboard



Select Clinical Dashboard from the General menu.

New transfers wait for 'acceptance' under 'Action Required'.

Patients awaiting appointment booking are under 'Booking Required'.

(this includes new patients and existing patients awaiting booking for follow-up)

Booked appointments can be found under 'Glaucoma Appointments' - designed to give quick and easy access when the clinical consultation begins.

Referrals awaiting processing will sit under 'Red tab – these must be actioned'

## Administration

It is for the practice managers and administrators to decide how to employ these tools. Some practices may book appointments several months ahead of the target date, while others may choose to make bookings close to the target date.

Currently, it is not possible to change the date of a booked appointment in Opera. These patients may be located easily using other references, but we are aware of this limitation and plan further system enhancements in future.

If a patient wishes to change to another provider practice, then please contact our administrative team on 0161 543 8970 for assistance.

If a patient changes their GP registration to a medical practice outside the Hampshire & Isle of Wight ICB they become ineligible to continue in this service. We will need to arrange a referral to their new GP to explain their eyecare requirements. Please contact our administrative team on 0161 543 8970 for assistance.

## Recall

Patients can be recalled using your practice's usual communication methods, but when there is difficulty in contacting the patient or if they fail to attend a booked appointment, it is extremely important to refer to the FTE/DNA/WNB procedures outlined in the next section.

Being late for a routine GOS sight test is unlikely to have serious consequences for most patients so failsafe procedures are uncommon in most optical practices. Glaucoma services are different and require additional administrative procedures to ensure patients are given the opportunity to attend and do not suffer potentially life-changing consequences of uncontrolled glaucoma. PES supports practices with a central failsafe team, but implementation of the policies requires practices collaboration to ensure we run a safe service.

Queries should be directed to [hello@referral.support](mailto:hello@referral.support) or via the Opera 'blue bubble'.

## FTE/DNA/WNB and Failsafe Procedures

### New Patient Engagement

There is a risk of patient disengagement during transfer from hospital services to optical practices. The hospital should have sent the patient a letter explaining the community monitoring service; see Patient Letters. PES sends a welcome letter attached to a text message (or by mail if there is no mobile phone number) after attempting to contact the patient to offer a choice of optical practice; see Patient Letters). The practice's first contact with the patient is a crucial moment to instil confidence in the community glaucoma monitoring service. Please ensure staff can confidently explain the service to patients. For example, pupil dilation, appointment duration, clinical tests.

The practice **must** use Opera to report 'Fail to Engage' (FTE) if a new patient cannot be engaged in the glaucoma service within **12 weeks** from the point of allocation to the practice.

Before reporting FTE, the practice must attempt a minimum of two phone calls and one postal letter to engage the patient.

Practices may have protocols that exceed these requirements, including the use of text messaging and email. These methods can be used *in addition* to phone calls and postal letters.

Good practice points:

- Attempt phone calls on different days of the week and times of day, where practical.
- Two or more telephone calls on the same day should be considered one 'attempt'.
- When telephone messages are left, or letters are sent, the patient must be given a reasonable opportunity to respond.
- Record the date, time, and method of each engagement attempt.



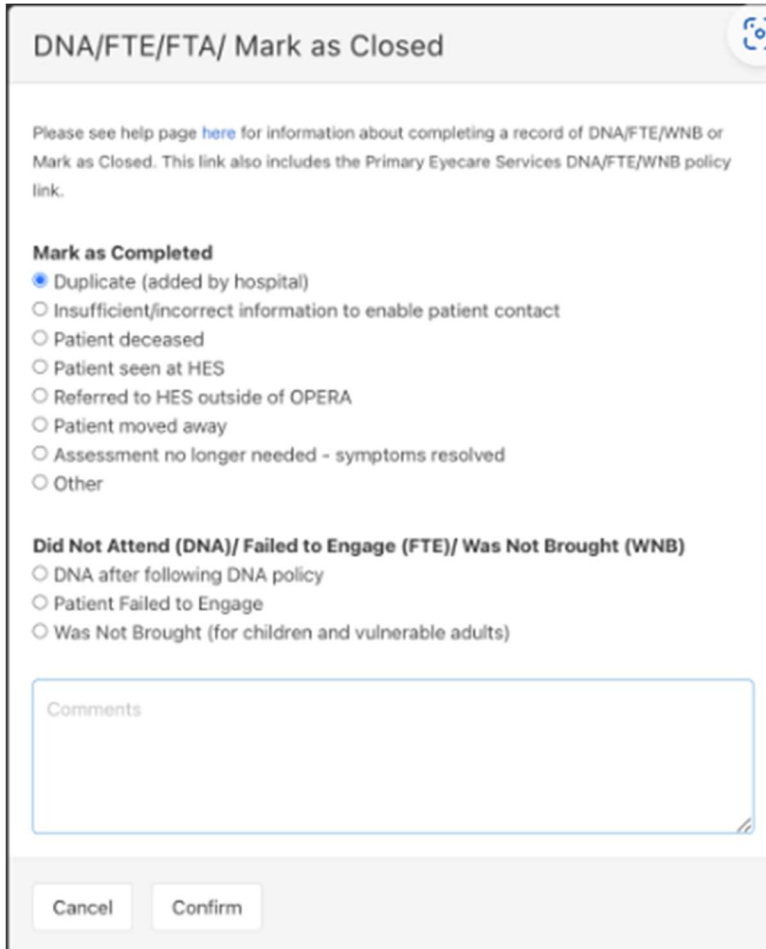
## To Report FTE on Opera

Locate the OPR and click the small 'Empty Chair' icon on the right-hand side .

A list of options for closing the episode will be displayed.

Select *Patient Failed to Engage* from the lower section.

Add comments to assist audit, eg "Phoned twice and letter sent on <date>"



The screenshot shows a web form titled "DNA/FTE/FTA/ Mark as Closed" with a small "Empty Chair" icon in the top right corner. Below the title is a help link: "Please see help page [here](#) for information about completing a record of DNA/FTE/WNB or Mark as Closed. This link also includes the Primary Eyecare Services DNA/FTE/WNB policy link." The form is divided into two sections: "Mark as Completed" and "Did Not Attend (DNA)/ Failed to Engage (FTE)/ Was Not Brought (WNB)".

**Mark as Completed**

- Duplicate (added by hospital)
- Insufficient/incorrect information to enable patient contact
- Patient deceased
- Patient seen at HES
- Referred to HES outside of OPERA
- Patient moved away
- Assessment no longer needed - symptoms resolved
- Other

**Did Not Attend (DNA)/ Failed to Engage (FTE)/ Was Not Brought (WNB)**

- DNA after following DNA policy
- Patient Failed to Engage
- Was Not Brought (for children and vulnerable adults)

Below the radio buttons is a text area labeled "Comments" with a small "X" icon in the bottom right corner. At the bottom of the form are two buttons: "Cancel" and "Confirm".

The patient will be discharged from the service and when DNA/WNB/FTE options are selected an advisory letter is automatically sent to their GP. In most cases the patient cannot re-enter the service unless re-referred by the hospital.

It is also possible to record FTE from the Booking screen within the glaucoma monitoring forms but this will not generate a letter to the GP, so please use the empty chair icon in preference.

Queries should be directed to [hello@referral.support](mailto:hello@referral.support) or via the Opera 'blue bubble'.

### When patients Do Not Attend (DNA) or Were Not Brought (WNB)

When a patient does not attend a booked appointment for glaucoma monitoring, the optical practice still has an ongoing duty of care. It is essential that staff are familiar with the following procedure and report DNA on Opera when indicated. At each stage, document your patient communications.


WNB refers to vulnerable adults who rely upon others to bring them to appointments. If you know a patient did not attend because they were not brought to their appointment, it is important to record WNB instead of DNA as this may be a safeguarding concern.

**First DNA/WNB:** the practice should attempt to phone the patient and rebook the appointment. A clinician must be informed so they can assess clinical risk and intervene if necessary. If the patient cannot be reached by telephone a letter should be sent asking them to contact the practice to rebook. Allow **12 weeks** for the patient to respond.

If a patient does not respond to the letter or actively declines to re-engage, then record **FTE** as detailed above. The patient will be discharged, and a letter will be sent to their GP to inform them.

**Repeated DNA/WNB:** Record the patient as DNA or WNB using Opera. This will discharge the patient and automatically send a letter to their GP to inform them.

Recording DNA or WNB on Opera:

- 1) Locate the OPR through Manage Referrals
- 2) Click the 'Empty Chair' icon on the right-hand side: 
- 3) Select the relevant option and add comments to assist with audit.
- 4) Click Confirm.

Never use the 'Delete' dustbin icon  to record FTE/DNA/WNB.

### PES Failsafe

The PES Failsafe team monitor all glaucoma monitoring patients who have exceeded their target date for clinical assessment. Weekly reports are generated to list overdue OPRs by service and by optical practice.

Data from these reports is shared with practices to alert you to patients who have exceeded their target date. We know that in most cases you will be aware of these patients and be employing your best efforts to book appointments and complete assessments.

It is essential that patients who FTE/DNA/WNB are recorded as such on Opera so that the failsafe data is accurate, and we can be assured that all patients are receiving timely care or have left our service through the correct process.

**Accurately recording FTEs and DNAs is a critical mechanism for delivering patient care and fulfilling our shared organisational responsibilities. We thank you for your co-operation in this matter.**

Please engage with Failsafe colleagues. We cannot perform these functions for the practice, the PES team will provide support where necessary.

The Primary Eyecare Services FTE/DNA/WNB Policy can be found in Opera Help, or by following this link: [Failed to Engage \(FTE\), Did Not Attend \(DNA\) & Was Not Brought \(WNB\) Policy - OPERA \(optom-referrals.org\)](#)

**Hospital Letter.** Sent by UHS at the point of transfer to community monitoring.



University Hospital Southampton  
NHS Foundation Trust

### Patient information factsheet

## Changes to the glaucoma monitoring service

We have given you this factsheet because the region is making changes to the way we deliver some of our ophthalmology (eye) services, including the glaucoma monitoring service. It outlines the changes and explains how these will affect your future outpatient glaucoma appointments. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please get in touch using the contact details at the end of this factsheet.

### How will the glaucoma monitoring service be changing?

We will be discharging you from our care at University Hospital Southampton NHS Foundation Trust (UHS) to the services of another local healthcare provider, to ensure you receive your glaucoma care in a timely way.

Your glaucoma consultant is aware of these changes and agrees that you meet the specific criteria to receive glaucoma care in your local community, rather than at Southampton eye unit.

### Why are these changes happening?

Eye services locally and nationally are in very high demand. To ensure people receive their eye care as quickly as possible, the National Health Service (NHS) is developing its services and partnering with local healthcare organisations to deliver the same care and treatment within a community setting.

## Patient information factsheet

### **Who is Primary Eyecare?**

Your future outpatient glaucoma appointments will be under the guidance of Primary Eyecare. Primary Eyecare is the single largest lead primary eye care provider in England. Primary Eyecare works with the NHS to make NHS-funded eyecare services available from local eye care practices, from small independent practices to large national chains. It aims to support people with eye conditions by broadening eye care beyond hospital eye services.

Southampton eye unit has an excellent working relationship with Primary Eyecare and we will continue to work in collaboration with them should any additional advice or information be needed from us to ensure a smooth transition of care.

For more information about Primary Eyecare, please visit their website: [www.primaryeyecare.co.uk](http://www.primaryeyecare.co.uk)

### **What happens next?**

You do not need to do anything. You will be contacted by Primary Eyecare four weeks before your next outpatient glaucoma appointment is due. They will send you all the necessary details regarding your upcoming glaucoma appointment.

### **Where will my future outpatient glaucoma appointments be held?**

All your future outpatient glaucoma appointments will be at a local optometrist practice (optician) and you will be automatically assigned to the closest practice to where you live. If you would like to change the location of your appointments, please contact Primary Eyecare.

### **Will these changes affect all my appointments at Southampton eye unit?**

These changes only apply to your outpatient glaucoma appointments. If you are under the care of other eye specialists at Southampton eye unit, please continue to attend all your other eye appointments as normal.

## Patient information factsheet

### Contact us

If you have any questions or concerns about your next outpatient glaucoma appointment, please contact Primary Eyecare.

#### Primary Eyecare

Telephone: **0161 543 8970**

Email: **cnech.pecservices@nhs.net**

If you have any non-urgent questions or concerns relating to Southampton eye unit, please contact us using the details below.

#### Southampton eye unit

Telephone: **023 8120 5073**

Email: **uhs.eyecareadmin@nhs.net**

For a translation of this document, or a version in another format such as easy read, giant print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **[www.uhs.nhs.uk/additionalsupport](http://www.uhs.nhs.uk/additionalsupport)**

## PES Example Welcome Letter

*Sent after practice allocation by PES Administrative team.*

*Variations are used depending on patient contact.*



**Hampshire and Isle of Wight  
Community Glaucoma Service**



Dear Patient,

We have received a referral from University Hospital of Southampton and will be taking over the continued monitoring of your glaucoma-related eye condition – you should have received a letter from them explaining this.

### **Who are we?**

We are Primary Eyecare Services and we provide NHS eye care via local high street opticians. We work closely with selected practices in your area to monitor glaucoma, ocular hypertension and related conditions. All our practitioners are registered professionals, fully qualified with all the necessary equipment.

### **How do I know where to go?**

University Hospital of Southampton has advised us when your next appointment is due and we are taking steps to make sure you are seen promptly. An administrator tried calling you recently to offer you location options but was unable to reach you. Therefore, we can confirm that <<PRACTICE NAME>>, your nearest eligible optician, has been selected to offer you an appointment.

The practice will contact you soon to arrange the date and time of your appointment – but if you would like to contact the practice ahead of this, please be sure to explain that you need a glaucoma monitoring appointment.

### **What will happen at my appointment?**

At your appointment, you will have some tests to check if your condition has changed. Your results will then go to our in-house glaucoma specialists for review, along with the eye care history provided by University Hospital of Southampton. At the same time, we will let you know the outcome of your tests and any recommended next steps.

### **How can I find out more?**

Our selected practice will contact you soon to arrange the time and date of your appointment. To change the practice to another one, or to ask any questions, call us on: 0161 543 8970.

**Please be aware that the appointment arranged through us is only to monitor your glaucoma-related eye condition. It does not include a routine sight test and is not related to spectacles – for these, you need to make a separate appointment with your chosen optician.**

Yours sincerely,  
Primary Eyecare Services

## PES Example Outcome Letter template

*Sent automatically following virtual review conclusion*

*Various versions exist for different outcomes*



[GP NAME]

[GP PRACTICE NAME]

[GP ADDRESS LINE 1]

[GP ADDRESS LINE 2]

[GP ADDRESS LINE 3]

[GP POSTCODE]

[DATE]

Dear [GP NAME]

### **Re: Glaucoma Monitoring in Primary Care Optical Practice**

[INSERT PATIENT DETAILS, NAME ADDRESS, DOB]

Your patient recently attended a glaucoma monitoring appointment at [OPTICAL PRACTICE NAME]. Primary Eyecare Services manages this service in partnership with local optical practices. Please direct any enquiries to [OPTICAL PRACTICE NAME].

Conclusion: Following review by a specialist clinician on [DATE] we are pleased to report that the condition is stable and does not require any change in management. Currently the patient does not need to attend [HOSPITAL NAME] for monitoring of this condition, but if they have a hospital appointment for any *other* eye conditions they should still go.

The next glaucoma monitoring appointment will be conducted by [OPTICAL PRACTICE NAME] in:

3 months	
6 months	
9 months	
12 months	
18 months	

Yours sincerely,

Service Guide for Practices for H1OW-UHS Glaucoma Monitoring





Waulk Mill (2.3)  
51 Bengal Street  
Manchester  
M4 6LN

0330 128 1544  
[info@primaryeyecare.co.uk](mailto:info@primaryeyecare.co.uk)  
[primaryeyecare.co.uk](http://primaryeyecare.co.uk)