Glaucoma Repeat Readings

Service Guide for Practices and Practitioners

November 2025

Primary Eyecare

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Introduction

NHS-funded community eye care services are locally commissioned and distinct from the standard General Ophthalmic Services (GOS) sight test. Delivered primarily by accredited optometrists, they offer specialised, accessible care in community optometry settings, reducing pressure on hospitals and improving patient outcomes. Primary Eyecare Services are a not-for-profit provider that work in partnership with Local Optical Committees (LOCs) and community optometry practices to deliver these high-quality services.

This guide is intended for:

- optometrists and contact lens opticians delivering the service
- support and administrative teams supporting the delivery of the service
- practice managers and owners responsible for service compliance and oversight

Overview

The Glaucoma Repeat Readings Service (GRRS) enables accredited optometrists to repeat measurement of raised intra-ocular pressure or potentially glaucomatous visual field defects that would otherwise require a referral to glaucoma specialist services. It is used in cases where these findings appear in isolation, without other signs of glaucoma.

The pathway uses standardised protocols and clinical techniques to support assessment and onward referral (where indicated) that complies with guidance published by the National Institute for Health and Care Excellence (NICE NG81).

The Glaucoma Repeat Readings Service will:

- Improve patient experience of glaucoma referral pathway by:
  - confirming measurements promptly in community optometry practices, reducing patient waiting time and associated anxiety
  - deflecting cases that do not require hospital treatment, reducing unnecessary burden on patients, their families and carers, and the hospital eye service

- Improve the quality of glaucoma referrals by:
  - avoiding unwarranted referrals which supports appropriate use of specialist capacity
  - including standardised clinical data in referrals which supports clinical triage and reduces duplication
  - reducing referrals into hospital, resulting in fewer patient journeys and lower carbon emissions

Terminology

Glaucoma Repeat Readings Services are also known as the following, and these may still be the service names in some areas:

- Glaucoma Repeat Measures Service
- Glaucoma Referral Filtering Services
- Glaucoma Repeat Readings (GRR)
- Repeat Readings Service

Local Variations & Local Service Summary One-Pagers

This practice guide outlines the standard and/or most common pathway for this service.

However, local variations in access, service delivery, pathways and protocols may apply. It is important to use this guide alongside the local service summary one-pagers, available here.

Please speak to your Primary Eyecare Services Clinical Lead or email hello@referral.support for further information about your local service.

Variations in the Glaucoma Repeat Readings pathway may include:

- entry to service
- whether a second repeat IOP reading is included
- whether repeat visual fields is included
- the required timescales of repeat readings
- the age limit for entry to the service
- equipment (Perkins tonometry and Visual Fields strategy)
- IOP thresholds
- practitioner accreditation
- inclusion/exclusion of domiciliary provision
- specific DNA/FTE requirements

Inclusion and Exclusion Criteria

Inclusion Criteria

- Patients registered with a GP in an Integrated Care Board that commissions a Glaucoma Repeat Readings Services.
- Patients 18 years of age or over.
- Sight test IOP ≥24mmHg and <32mmHg with no other signs of glaucoma.
- Visual fields at sight test suspicious for glaucoma with no other signs of glaucoma.
- Patients referred to service by a health care provider or eye care navigation service (where this is locally commissioned).

Exclusion Criteria

- Patients registered with a GP in an Integrated Care Board that does not commission a Glaucoma Repeat Readings Services.
- Patients under 18 years of age.
- Patients with suspected glaucomatous optic neuropathy or primary angle closure.
- Sight test findings that warrant urgent or emergency referral.
- Sight test IOP ≥32mmHg.

Domiciliary Patients

Please refer to local service summary one-pagers to confirm whether domiciliary service provision is specifically excluded.

- To qualify for a domiciliary GOS sight test, the patient must fall into one of the NHS eligibility categories and be unable to leave home unaccompanied.
- The equipment requirements for domiciliary provision remain as stated in the equipment list below.
- Further information on delivering domiciliary services can be found here: Domiciliary Details

Entry to the Service

Self-Presentation

- Patients cannot self-present to this service.

From Routine Sight Test

- Patients are typically identified as suitable for the service by an optometrist during a routine sight test.

Intra-Practice Referral

- A non-accredited optometrist refers to an accredited optometrist within the same practice.

Inter-Practice Referral

- A non-accredited practice refers to a local accredited community optometry practice.

Primary Eyecare Services Eye Care Navigation Service

- In localities where ophthalmology referrals are managed and triaged through Primary Eyecare Services Eye Care Navigation Service the patient will be transferred to their community optometry practice of choice via the IT Platform.

Service Delivery

Raised Intra-Ocular Pressure (IOP)

Raised IOP is typically identified during a GOS or private sight test using methods that do not meet the requirements of NICE NG81 for the purpose of referral into glaucoma specialist services. Glaucoma Repeat Readings requires use of Goldmann-type applanation tonometry.

First Repeat IOP

Where the patient is identified at an accredited practice by an accredited optometrist then the first repeat measurement using an applanation tonometer should take place immediately.

Where the patient is identified at a participating community optometry practice by a non-accredited optometrist then an internal referral should be made to an accredited optometrist at the same practice. The first repeat reading should generally be undertaken within 4 weeks of the sight test.

Where the patient is identified at a non-participating practice then the optometrist should refer to local referral guidance as to whether the patient can be referred into a Glaucoma Repeat Readings or Glaucoma Enhanced Referral service at an accredited community optometry practice.

First Repeat Outcomes:

- IOP ≥32mmHg - referred according to local protocols without further refinement.
- IOP 24mmHg to 31mmHg – proceed to a second repeat measure (where commissioned).
- IOP asymmetry of ≥5mmHg - proceed to a second repeat measure (where commissioned).
- IOP <24mmHg - discharged to routine sight testing with recall interval advice.

If the examining optometrist will not be available to perform the second repeat, then an internal intra-practice referral may be used to complete the pathway.

Second Repeat IOP

The patient attends for a second applanation tonometry on a different occasion. The second repeat should generally be completed within 4 weeks of entering the pathway.

Second Repeat Outcomes

- IOP ≥24mmHg - referred to glaucoma specialist services according to local protocols.
- IOP asymmetry of ≥5mmHg - referral is *considered* if no other clinical explanation, (e.g. previous surgery) or if further investigation is indicated.
- IOP <24mmHg - discharged to routine sight testing with advice regarding the appropriate test interval.

Repeat Visual Fields (where commissioned)

Patients who are identified as having a visual field result that is *suspicious for glaucoma* during a GOS or private sight test may have visual fields repeated under Glaucoma Repeat Readings on a separate occasion. Please see the separate explanation for patients with *both* raised IOP and suspicious visual fields.

- Where the patient is identified at an accredited practice by an accredited optometrist
  - the repeat visual field measurement will take place under the supervision of the examining optometrist, or by internal referral if the examining optometrist will not be available to complete the Glaucoma Repeat Readings pathway.
- Where the patient is identified at a participating practice by a non-accredited practitioner
  - an internal referral should be made to an accredited practitioner at the same practice.
- Where the patient is identified at a non-participating practice then the practitioner should refer to local referral guidance as to whether the patient can be referred into a Glaucoma Repeat Readings or Glaucoma Enhanced Referral service at an accredited practice.

Repeat visual fields should generally be completed within 4 weeks of entering the pathway.

Testing should be by central visual field assessment using standard automated perimetry. Permitted testing strategies are given in local service summaries. Frequency Doubling Technique (FDT) is not permitted.

Clinicians may delegate the task to trained technicians but remain responsible for the quality, accuracy, and interpretation of the results.

Raised IOP and Visual Fields Suspect for Glaucoma

Where patients are found to have both raised IOP and suspicious visual fields then confirmation of the IOP takes priority. If the IOP is found to be within normal limits, then a repeat visual field is undertaken. Where onward referral is required based on raised IOP then a repeat visual field test is not required.

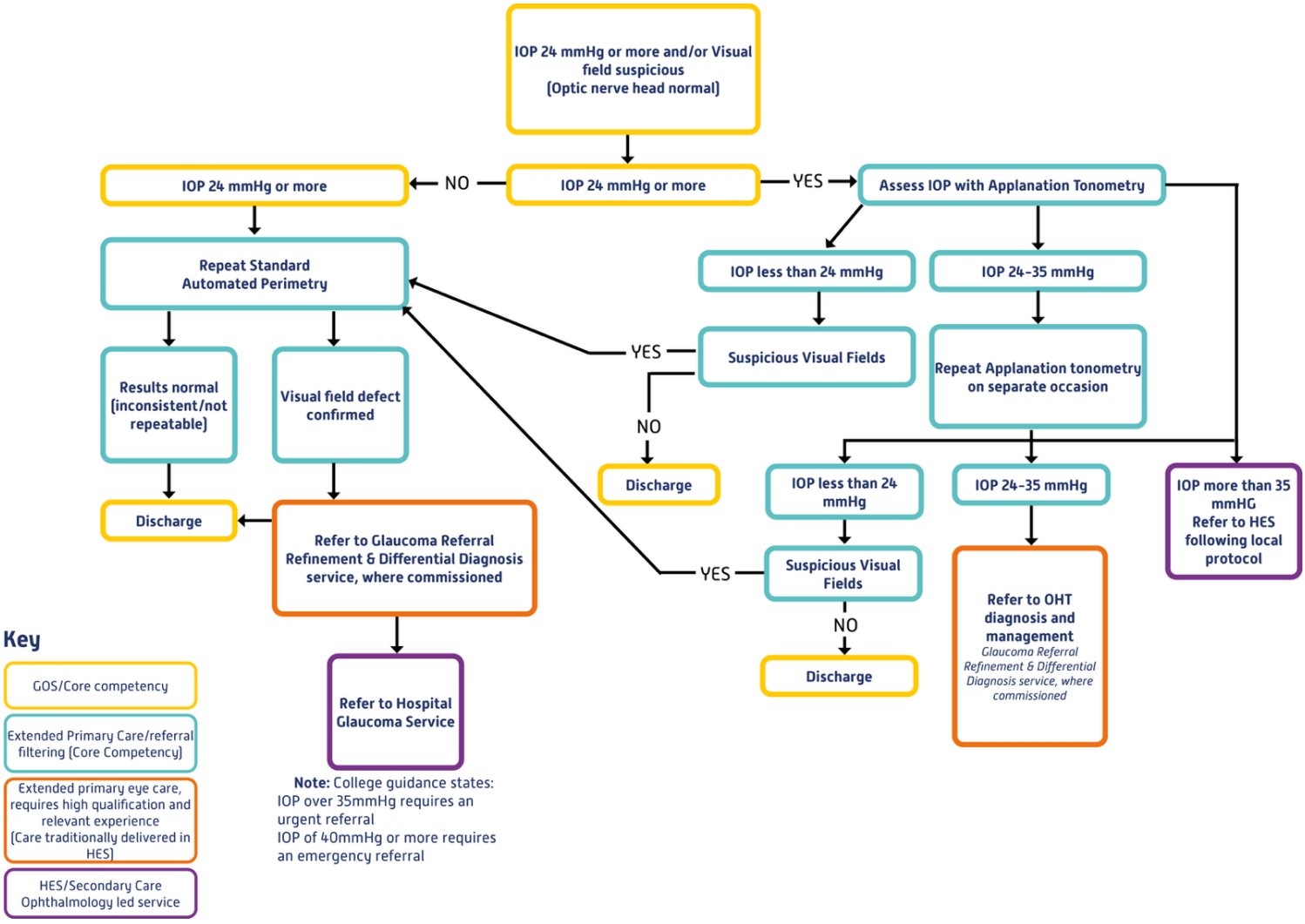
Service Outcomes

Following completion of the pathway, outcomes are as follows:

1. Repeated readings do not confirm signs of glaucoma or OHT. The patient is discharged from the service with a recommendation for future sight testing intervals.
2. Repeated readings confirm signs of glaucoma or OHT. The patient is referred with appropriate urgency to a glaucoma specialist service with all relevant clinical detail.
3. Where unrelated co-pathology is identified, the patient should be referred to the appropriate care pathway.

The patient should be informed of the outcome and expected next steps and offered sources on further information and support (see Additional Resources) in line with Eye care support pathway principles.

Service Pathway Diagram



Failed to Engage, Did Not Attend, and Was Not Brought Policies

Provision of community eye care services requires practices to manage and record all instances of patient non-engagement or non-attendance to appointments.

For information about Primary Eyecare Services Failed to Engage (FTE), Did Not Attend (DNA) and Was Not Brought (WNB) Policies, please click here.

Patient Feedback and Equality and Diversity Monitoring

- Patient feedback is crucial for our community eye care services to demonstrate the value of services and to enable service improvements.
- Please encourage all patients to complete patient feedback.
- Equality and Diversity information is also requested.
- Feedback is usually collected via text or email and comprises of a few short questions.
- If a patient can't complete patient feedback through SMS or email, you can support them in completing this: Completing PROMS where a patient has asked for support.

Completing an episode through the IT platform

All clinical episodes must be recorded on the Primary Eyecare Service IT platform within 48 hours.

Please note that the service needs to be selected in the Practice Profile in order to complete an episode through the IT platform. My Services - checking, adding and removing services

Please use the following link for a step-by-step guide to completing an episode through the IT platform. This guide can be saved as a PDF and/or printed as required.

The Primary Eyecare Services IT platform requires the recording of data appropriate for service delivery. This does not replace the need to keep a full record of the clinical episode on the Practice Management System (PMS).

Completing the Glaucoma Repeat Readings Service module for Primary Care

Audit and Quality Assurance

Primary Eyecare Services has a comprehensive programme of audit and quality assurance in place to ensure that all services are delivered in accordance with national and local standards.

Clinical leads undertake structured service level audits every quarter to monitor performance at a practitioner and practice level to ensure compliance with agreed protocols. Audit reports review activity levels, appointment types, referral patterns, access timeframes, clinical outcomes, and patient-reported feedback (PROMS/PREMS).

Where audit findings highlight outliers or concerns, clinical leads will work with practices and practitioners to identify the cause and to agree any indicated action plan.

Subcontractor Performance Management

Primary Eyecare Services monitors the performance of subcontracted community optometry practices through regular audits and a structured breach process. This supports service quality, patient safety, and contractual compliance. Further details are available here, or in the Primary Eyecare Services Policy Pack.

Requirements for Providing Service

Please find below the equipment and accreditation required for community optometry practice and practitioners to provide community eye care services and access the Primary Eyecare Services IT platform. These requirements should be read alongside the Primary Eyecare Services Policy Pack.

Equipment

All practices providing the service are required to have the following equipment available:

- access to the internet
- method of ophthalmoscopy
- slit lamp
- applanation tonometer (Goldmann / Perkins)
- distance test chart (Snellen/LogMAR) / Near test chart
- visual fields equipment capable of Supra-threshold or Threshold strategies and able to produce either an electronic or printed report. FDT is not permitted.
- appropriate ophthalmic drugs (Anaesthetic / Staining agents)

Clinical Accreditation

Optometrists

All participating practitioners will have the core competencies as defined by the GOC.

Participating practitioners are expected to keep their knowledge and skills up to date which may include:

- including the provision of community eye care services in GOC personal development plans
- this may be supported Primary Eyecare Services Professional Development webpage

Applanation tonometry and visual field assessment are core competencies for optometrists, but some services require confirmation of competency to confirm accreditation for service delivery.

Most GRR services require completion of the WOPEC Glaucoma LOCSU Certification (Level 1 - online course only). Regardless of local requirements, we recommend completion of this course.

A code to allow practitioners to complete the WOPEC accreditation can be provided by your Local Optical Committee.

Contact Lens Opticians

Contact Lens Opticians (CLOs) with competency in applanation tonometry demonstrated through completion of the WOPEC LOCSU Glaucoma accreditation (Level 1) and OSCE (Level 2) can provide Glaucoma Repeat Readings.

Pre-Registration Optometrists

As part of the Scheme for Registration, Pre-registration Optometrists (pre-regs) are required to see at least five 'other' patients, with one of the eligible services being Glaucoma Repeat Readings.

Pre-regs can conduct the patient consultation with appropriate supervision, complete the clinical record on their practice patient management system (PMS), and document findings and clinical decisions made.

The supervisor must physically examine the patient following the pre-reg's assessment, signing off the consultation on the Primary Eyecare Service IT system with notes on the patient record. The supervisor will then complete the final clinical assessment on the Primary Eyecare Service IT Platform. Supervisors maintain full clinical responsibility for patient care.

Practice Requirements

All practices providing the service are expected to have at least one accredited practitioner regularly available to provide the service.

Full practice requirements and onboarding guidance can be found here:

Practice Onboarding

Practitioner Requirements

Full practitioner requirements and onboarding guidance can be found here: Practitioner Onboarding

Practice and practitioner compliance and practitioner accreditation requirements are continuous and ongoing; should the practice or practitioner no longer satisfy these requirements then they must inform Primary Eyecare Services at hello@referral.support and cease providing this service. Guidance on this process is available on the Service Withdrawal help page.

Failsafe

Effective management of patients requiring glaucoma repeat readings is essential. It is crucial that all necessary actions are completed to ensure continuity of care and compliance with clinical governance standards.

Primary Eyecare Services has a dedicated Failsafe Team that provides comprehensive support to practitioners, ensuring patients are scheduled and seen within appropriate clinical timeframes.

To ensure the Failsafe Team communications are received, it is essential to keep all contact information up to date . This includes ensuring that designated staff members responsible for the optometry hypertension case finding service are correctly listed and able to receive correspondence.

Community optometry practices are expected to respond to emails from the Failsafe Team, providing explanation for any delays in updating patient episodes within the required timeframe.

If you require Failsafe Team support, please contact the team on pes.quality.pes@nhs.net

Additional Information

Payment Process

For information about invoicing and how to track payments click here. Queries should be directed to hello@referral.support or via the 'blue bubble'.

Service Issues and Complaints

Primary Eyecare Services have a dedicated Quality Team who manage service issues and complaints.

To raise any concerns about this service, please contact quality@primaryeyecare.co.uk

Updating Practice & Practitioner Information

Please refer to the dedicated help page for information on practice and practitioner profiles, updating information and making annual declarations:

Practice and practitioner profiles - IT Platform

Supporting Materials

- NICE NG81 Glaucoma: diagnosis and management
- LOCSU Pathways
- College of Optometrists: Clinical Guidance
- RCO Clinical Guidelines: The management of angle closure glaucoma

Support Pages

- Primary Eyecare Services Policy Pack
- Glaucoma Help Guides:
  - Glaucoma Referral Filtering (GRR/GERS) Help Pages
  - Completing the Glaucoma Repeat Reading Service module for Primary Care
  - Glaucoma Repeat Reading Service Local Service Summary One-Pager Variations
- Support Pages:

- My Services - checking, adding and removing services
- Practice Onboarding
- Practitioner Onboarding
- Practice and practitioner profiles - IT Platform
- Service Withdrawal
- Changing Email Preferences - IT Platform
- Practice Invoices and Reconciliation
- Failed to Engage (FTE), Did Not Attend (DNA) & Was Not Brought (WNB) Policy
- Domiciliary Details
- Completing PROMS where a patient has asked for support

- Additional Links:
  - Primary Eyecare Services Professional Development
  - Wales Optometry Postgraduate Education Centre - WOPEC
  - Local Optical Committee

Further Information and Support

For further information, click here to view all our help guides.

Further queries should be directed to hello@referral.support or via the IT Platform 'blue bubble'.