NORTHERN IRELAND PRIMARY CARE OPTOMETRY ENHANCED SERVICE

Glaucoma and Ocular Hypertension Enhanced Case Finding (Level II ES)

COMMENCED 1ST JUNE 2016
(Revised Service Specification v7 April 2026)

1. INTRODUCTION

This enhanced service (Level II ES) specification outlines an enhanced service to be provided. This service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of core GOS services and the existing Intra Ocular Pressure Repeat Measures Enhanced Service (Level I ES). No part of the specification by commission, omission or implication defines or redefines essential or additional services.

2. BACKGROUND

This Level II ES funds accredited optometrists/OMPs to provide enhanced case finding by permitting payment for a defined set of clinical tests to be performed in primary care optical practices with the intention of enhanced case finding for glaucoma, suspect glaucoma or ocular hypertension and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination.

3. EVIDENCE BASE

The evidence to support the development of this Level II ES is:

1. NICE Guideline NG81, Glaucoma: diagnosis and management, updated January 2022
2. Health and Wellbeing 2026: Delivering Together, DoH October 2016
3. NICE, Quality Standard for Serious Eye Disorders (QS180, updated February 2019)
4. Royal College of Ophthalmologists Commissioning Guide: Glaucoma (June 2016)
5. Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland, DHSSPS 2012
6. Henson DB et al, 2002. Community refinement of glaucoma referrals, Eye 2002; 16, 1–6
7. Gray et al, 1997. The Bristol shared care glaucoma study - validity of measurements and patient satisfaction. Journal of Public Health Medicine 1997; Vol. 19, No. 4, pp. 431-436

4. AIMS

The aims of the Level II ES for Glaucoma and Ocular Hypertension Enhanced Case Finding are:

i. To reduce the number of inappropriate referrals to secondary care ophthalmology for the confirmation of a diagnosis and treatment commencement for patients with Glaucoma or Ocular Hypertension, thereby reducing the burden on secondary care.

ii. To integrate and optimise the available skilled workforce in primary care optometry within the Glaucoma care pathway aligned to Objective 6 of Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland [5]. In doing so the service will deliver appropriate, safe and effective care for patients closer to home with reduced waiting times, reduced patient anxiety and good patient experience.

5. OBJECTIVES

i. To provide an enhanced service in primary care for Glaucoma and Ocular Hypertension Enhanced Case Finding service which is easily accessible for patients and delivered by accredited primary care optometrists consistent with: the NICE quality standard[3], the Royal College of Ophthalmologist Commissioning Guidance for Glaucoma[4] and where the accreditation meets the College of Optometrists' Professional Certificate Level in Glaucoma.

ii. To provide an evidence-based care pathway with defined protocols ensuring appropriate and timely referral where required.

iii. To provide evidence of patient outcomes and experience using key indicators of performance and quality as outlined in Appendix 1.

iv. To incorporate ophthalmic public health messages into the glaucoma care pathway in relation to eye health by the provision of information by primary care optometrists providing the Level II ES aligned to Objective 1 of Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland[5].

v. To build on existing relationships between primary and secondary care to support future developments within the Glaucoma Care Pathway.

6. SERVICE SPECIFICATION

6.1 PATIENT ELIGIBILITY CRITERIA

Patients INCLUDED in Level II ES:

i. All patients MUST be registered with a GP in Northern Ireland and have a current Health and Care Number.

NOTE: Practitioners should check the patient history, including reference to the NIECR and/or EpicCare Link for the patient to ensure that the patient has not been previously referred for suspect Glaucoma or OHT and/or is already attending the glaucoma service. The outcome of this may be that providing the enhanced service is not indicated.

AND

ii. Level II ES will be provided to enhance case find for suspected glaucoma /OHT referral in a patient who has one or more of the following clinical signs: *(Please note CD refers to Cup : Disc ratio)*

a. Patients aged 18yrs or over with IOP ≥24mm Hg with normal fields and normal optic nerve/CD appearance **following*** provision of Level I ES Repeat Measures
***Please note in this instance Level I ES fee will not be applicable and the Level II ES only applies**

b. A repeatable visual field defect/loss alone (i.e. normal IOP and disc appearance) – visual field loss suspected as being associated with glaucoma i.e. 'suspicious' or 'defect' following examination by automated perimetry with normal IOP and normal CD appearance

c. IOP ≥24mmHg **and** suspicious CD appearance (i.e. normal visual fields) – the following parameters apply:
   a) IOP ≥24mmHg in either eye and CD of 0.5 or greater in that eye
   b) IOP≥24mmHg in one eye with CD of that eye 0.2 or more greater than the other eye
   c) IOP ≥24mmHg in one eye with documented change in CD of 0.2 or greater
   d) IOP ≥24mmHg in one eye with evidence of a disc haemorrhage (merits closer inspection for early nerve fibre loss)

d. Anterior segment signs of secondary glaucoma (e.g. pseudoexfoliation) with raised IOP (IOP criteria as noted in criteria (i) above)

Patients EXCLUDED from the Level II ES:

Patients with the following clinical findings are **not eligible** for Level II ES and should be referred in line with usual agreed protocols if you identify any one or more of the following clinical findings:

1. Acute glaucoma (angle-closure or rubeotic) is a referral emergency and patients with this condition (or suspected condition) are not eligible and should be considered as an urgent referral to secondary care.

2. Patients with Intra Ocular Pressure in one or both eyes ≥35mmHg in the presence of active uveitis are not eligible and should be considered as an urgent referral to secondary care.

3. Suspicious optic disc appearance **alone** – pathological cupping must be unequivocal. Disc size should be considered when deciding whether or not discs are suspicious – large cups on large discs are less likely to be suspicious than large cups on small discs.

4. Visual field defects not suspicious of glaucoma such as:

    a. Definite post-chiasmal and chiasmal visual field defects are not eligible as they are unlikely to be associated with glaucomatous change and require other investigation.

    b. Patients in whom there is a visible and untreatable cause of field loss such as dry or end-stage wet age-related macular degeneration are not eligible.

6.2 OVERALL CONTRACTOR RESPONSIBILITY

i. The contractor is responsible for all aspects of the service provision in line with this service specification.

ii. It is the contractor's responsibility to ensure that the individual practitioners providing the service on their behalf are eligible to do so.

iii. The contractor is required to provide annual assurance declaration in respect of the enhanced service provision.

iv. The contractor is responsible for the accuracy and appropriateness of all claims submitted by the practice for this enhanced service

6.3 INDIVIDUAL PRACTITIONER ELIGIBILITY

The following criteria enable accreditation for provision of the service:

i. Registration with the General Optical Council/General Medical Council

AND

ii. A practitioner will have a current personal code for provision of General Ophthalmic Services in Northern Ireland

AND

iii. A practitioner must be listed for the the Intraocular Pressure Repeat Measures (Level I) ES

AND

iv. For an optometrist will hold the College of Optometrists' Professional Certificate Level in Glaucoma and is required to provide evidence of this qualification

AND

v. Attendance at an initial information/sign-up session

vi. **Undertake ONE annual (in the calendar year to end December) GOC-accredited provider-led SPPG approved CPD (or in the case of an OMP, a medical CPD) training session in the field of glaucoma /OHT, either provided by SPPG or another provider. Where delivered by another provider the practitioner must supply to SPPG on request the detail of the CPD attended, including the date, type of training and the associated learning goal to which the CPD is assigned.**

Only Optometrists/OMPs who meet the above eligibility criteria shall be deemed suitably qualified to offer this enhanced service and may only provide the service in a practice signed up to provide the enhanced service.

6.4 SERVICE TO BE PROVIDED

Contractors will ensure that, in the delivery of this enhanced service, individual practitioners providing the service will comply fully with all requirements. Failure to do so may result in recovery of fees.

The Practitioner will:

1. Perform and record each of the following ophthalmic clinical tests on both eyes of **eligible patients (section 6.1):**

i. Measurement of Intra Ocular Pressure via Goldmann, Perkins or iCare tonometer
ii. Examination and assessment of the Anterior Chamber with estimation of angle width
iii. Assessment of the Optic Nerve Head by dilated binocular indirect ophthalmoscopy
iv. Assessment of the Visual Field using central thresholding testing perimetry (automated)

Please note: Where optometrists have access to a Pachymeter and fundus camera, or Ocular Coherence Tomography (OCT) with suitable capability, central corneal thickness could also be measured and fundus imaging results noted as good practice though additional remuneration is currently **not available** for this.

2. Collect and record information on the following:
   i. Gender
   ii. Ethnicity
   iii. Family history
   iv. Age
   v. Relevant medical history

6.5 SERVICE OUTCOMES – REFERRAL PROTOCOLS

The following protocols for referral of patients to secondary care following assessment apply **AFTER** the clinical tests performed on an eligible patient have evidenced the findings noted in the table below. Referrals should be made using the appropriate referral pathway with all clinical observations fully completed.

Single Referral Criteria	Combined Referral Criteria	Additional Referral Criteria
IOP: Patient over 18yrs old with IOP ≥24mmHg confirmed If IOP > 35mmHg then no confirmatory measurement is necessary	**IOP and DISC APPEARANCE:** Raised IOP **plus** an optic disc appearance suspicious of glaucoma or optic disc asymmetry	**DISC APPEARANCE:** Optic disc change over time e.g. increase in cup size, change in the rim appearance, or the occurrence of a new haemorrhage (documented within the service). Refer for an optic disc haemorrhage only where there are additional optic disc and/or other indicators of glaucoma
DISC APPEARANCE: Unequivocal pathological cupping suspicious of glaucoma at the optic nerve head Abnormal neuroretinal rim configuration. Large cup, taking into account the overall size of the disc	**DISC APPEARANCE and VISUAL FIELDS:** Glaucomatous optic disc and corresponding visual field defect (IOP not raised)	**ANTERIOR SEGMENT SIGNS:** Anterior segment signs of secondary glaucoma (e.g. pseudoexfoliation) with raised IOP ≥24mmHg **on two occasions**

Notched neuroretinal rim with suspect asymmetry of cup to disc ratio The existence of a disc haemorrhage merits closer inspection for early nerve fibre loss. Refer for an optic disc haemorrhage only where there are additional optic disc and/or other indicators of glaucoma		
VISUAL FIELDS: Visual field loss consistent suspect of glaucoma*, confirmed at a second visit. **If visual field loss is explained by other disc/ retinal pathology – should be referred as such (patient not eligible for Level II enhanced service)*		

6.6 RECORD KEEPING

1. The contractor will ensure that they comply with current regulations in regard to Data Protection.

2. The patient and practitioner must sign the patient declaration form ESPR, or the paper claim form, on completion for provision of the service. Failure to obtain a patient signature my result in recovery of fees

3. The contractor must ensure that records kept of services provided are full, accurate and contemporaneous and these must be retained according to the peer accepted guidance (e.g. the College of Optometrists). Records should be clearly identified as a Level II ES episode within the patient clinical record and should include the reason why the patient is eligible for the service. Failure to provide such records may result in recovery of fees and further follow up with regard to clinical governance.

4. The contractor will comply with any reasonable request by the Strategic Planning and Performance Group (SPPG), Business Services Organisation (BSO) or, their representative, to view records of patients on who enhanced case finding has been carried out.

5. The contractor and the practitioner will ensure that all records for this service are legible.

6.7 FACILITIES AND EQUIPMENT

1. The contractor will ensure that they have the necessary equipment needed to provide this service.

    a) A Goldmann-type, Perkins, or iCare tonometer (with disposable tonometer prisms or appropriate arrangements for decontamination of reusable prisms/probes in line with infection control guidance from the College of Optometrists). The tonometry equipment must be regularly calibrated in line with manufacturer's recommendations. This includes all non-contact and contact tonometers used in screening prior to the enhanced service being provided.
    b) Indirect ophthalmoscopy – the equipment is a Volk-type indirect lens
    c) Automated visual field instrument(s) capable of central thresholding test
    d) Minims of suitable anaesthetic drops and sodium fluorescein

2. All ophthalmic diagnostic equipment must be calibrated and where required, serviced, in line with manufacturer's recommendations. The Strategic Planning and Performance Group (SPPG) may require practices to provide documentary evidence of the servicing and maintenance of the ophthalmic equipment used for Level II ES provision.

3. The enhanced service must be provided in the premises of a contractor practice listed in the Ophthalmic List.

Contractors are advised that although iCare is a permitted method of IOP assessment for this enhanced service, optometrists should be aware that any variation or inconsistency in IOP readings ***may*** require confirmation using Goldmann-type method of tonometry.

Contractors are asked to note that NICE Guideline 81 in relation to the recommendations for IOP measurement prior to referral for assessment and diagnosis in the hospital eye service.

6.8 CLINICAL GOVERNANCE

1. The contractor must ensure and satisfy themselves that all individual practitioners providing the enhanced service:

    a. Have valid and current personal code for GOS in Northern Ireland.
    b. Comply with all relevant legislation and guidance and maintain GOC/GMC registration.
    c. Fulfil the criteria for eligibility to provide the enhanced service and have undertaken the appropriate training.
    d. Have signed the Individual Practitioner Enhanced Service Agreement.

2. The contractor is required to provide annual assurance declaration in respect of the enhanced service provision

3. If the patient is referred to hospital it is important that all the relevant clinical information is included on the referral so that the hospital eye service can prioritise the referral. Failure to make the appropriate clinical decision following service provision i.e. refer/not refer, may result in non-payment of the additional fee under this enhanced service and further follow up with regard to clinical governance.

4. Contractors providing the service must ensure that all adverse incidents (AIs) and serious adverse incidents (SAIs) are reported in line with current requirements. Adverse Incident reporting forms (A1F1 GOS) are available from the following link: Adverse Incident Reporting - Business Services Organisation (BSO) Website (hscni.net)

5. The Contractor shall ensure that there is no link to sight tests with the provision of the service, specifically, any practitioner providing Level II ES to another practice's patients shall not solicit further business from that patient (e.g. a sight test or dispensing); although this provision shall not prevent the Optometrist/OMP from undertaking such further business in circumstances where the patient specifically requests it. For the avoidance of doubt, this does not preclude a practitioner from carrying out the service for a patient of the practice who also receives an eye examination in the practice .

6. Practitioners who participate in the enhanced service should demonstrate an ongoing level of activity.

7. FEE LEVELS

The fee level for the Level II ES Glaucoma and Ocular Hypertension Enhanced Case Finding provided to **eligible** patients registered with a General Medical Practitioner (GP) in Northern Ireland is £55.12*.

PLEASE NOTE: A fee can only be claimed for Level II ES once per patient in line with DoH guidance on minimum GOS sight test intervals, or, the clinically recommended interval where private eyecare is provided.

***a fee uplift may apply, refer to BSO for information on current fee**

8. VERIFICATION AND PROBITY ASSURANCES

The provision of this enhanced service, Level II ES Glaucoma and Ocular Hypertension Enhanced Case Finding will be subject to monitoring and probity post payment verification assurance processes by the Strategic Planning and Performance Group (SPPG) and the Business Services Organisation (BSO). For verification purposes, records may be sought for claims paid up to six years prior to the date of their request. Recovery will be sought with regard to any fees which cannot be assured in line with this specification.

9. PAYMENT PROCESS

a) **Payment procedure**: A Level I/Level II Enhanced Service Claim form should be completed for each patient seen under this enhanced service. Claims for payment can be sent using the method determined by the Business Services Organisation for validation and processing of claims.

b) Claims must be submitted **no later than three months** after the date of service provision. Contractors should put in place a system to check that they receive payment for all valid claims submitted. Claims submitted later than three months after the date of service provision will be rejected for payment.

c) Contractors must ensure that they only send payment claims for patients who are registered with a General Medical Practitioner in Northern Ireland. Contractors must also ensure that the Health and Care Number (HCN) for each patient for whom the enhanced service is provided is annotated on the Enhanced Service claim form. **Payment for the enhanced service will not be processed without the patient's HCN.**

10. REVIEW AND AUDIT

1. Contractors must ensure that data on individual patients for which claims are made is recorded and held at practice level, and if requested by the Strategic Planning and Performance Group (SPPG) and/or the Business Services Organisation (BSO), should be provided in the requested format. This information may be used to evaluate and improve the enhanced service or for post payment verification purposes.

2. The contractor must supply the Strategic Planning and Performance Group (SPPG) and/or the Business Services Organisation (BSO) with such information as it may reasonably request for the purposes of monitoring performance of its obligations under this enhanced service.

11. TERMINATION

The Strategic Planning and Performance Group (SPPG) reserves the right to:

1. Terminate the provision of the enhanced service by a contractor who, in the opinion of SPPG, does not comply with the service specification in force at the time of service provision.

2. Withdraw accreditation of an individual practitioner who does not fulfill the eligibility criteria in force at the time of service provision.

3. A contractor who is unable to provide the service in line with the service specification and supporting service protocols and guidance should notify the SPPG at the earliest opportunity and in line with guidance noted in the service protocol. Any contractor or individual practitioner who wishes to withdraw entirely from the Enhanced Service must notify the SPPG in writing of their intention to do so giving 14 days' notice.

The SPPG may also withdraw provision of this service giving 14 days' notice, except where service provision or patient safety is compromised in which case the SPPG may withdraw the service immediately from a contractor, or, an individual practitioner.

12. APPENDICES

APPENDIX 1: Quality and Performance Indicators for Level II Enhanced Service

	Indicator	**Benefit to Glaucoma Care Pathway**	**Mechanism**	**Monitoring**
Service Delivery and Improvement	Number of referrals to HES Glaucoma service following Level II Enhanced Service	Reduction in false positive referrals to secondary care	Audit	As required
Quality 1. Compliance with NICE	NICE, NG81 (2022)	Effective and efficient use of HSC resources	Clinical Audit of patient records	As required
2. Service User Experience	Complaints		Analysis and resolution of complaints	Ongoing
3. Adverse Incidents	Adverse Incident Reporting		Investigation and review of AIs	Ongoing
Access	Number of patients accessing Level II ES		Audit	Ongoing
Assurance and Probity	Service Specification - 100% assurance on claims		Post Payment Verification	In usual PPV cycle