

## Information for people who use NHS services for glaucoma

The NICE quality standard on glaucoma sets out what high-quality care in the NHS in England should include, so that the best care can be offered to people with glaucoma using NHS services in England.

### NICE quality standard for glaucoma

The quality standard on glaucoma is made up of 12 statements that describe high-quality care for people with chronic open angle glaucoma, suspected chronic open angle glaucoma or with ocular hypertension. These statements are about the best care you should receive and are summarised below.

1. People are referred to a specialist (a consultant ophthalmologist) for assessment and diagnosis if an optometrist or other healthcare professional suspects glaucoma. Before referral, further or repeat tests may be carried out to check whether the person should be referred.
2. People with raised intraocular pressure (which is the pressure within the eye) have their eye tests repeated, and those with confirmed raised intraocular pressure, but without other eye damage, are referred for further assessment by an appropriate healthcare professional if they are considered likely to develop glaucoma.
3. People who may have glaucoma or increased eye pressure (a condition called ocular hypertension) who have been referred for diagnosis receive appropriate eye tests to confirm the diagnosis. You should be offered tests to assess:
  - intraocular pressure (the test is called tonometry)

- the thickness of the cornea – the clear covering over the front of the eye
- the drainage area in the eye (angle) where fluid leaves it (the test is called gonioscopy)
- field of vision – how much can be seen when looking forward, including the edges of vision (the test is called perimetry)
- the appearance of the optic nerve (sometimes called the nerve head or optic disc).

4. People with glaucoma, suspected glaucoma or with ocular hypertension have their condition diagnosed and managed by suitably trained and experienced healthcare professionals.

5. People diagnosed with glaucoma, suspected glaucoma or with ocular hypertension are checked at regular intervals depending on how likely it is that their sight will get worse.

6. People with suspected glaucoma or with ocular hypertension may be offered treatment depending on their estimated risk of developing glaucoma and sight loss.

7. People with glaucoma, suspected glaucoma or with ocular hypertension have a regular review with their healthcare professional to discuss, the management of their condition which should take into account any other health problems or changes in the person's circumstances. For people at low risk of developing sight loss, the benefits and risks of stopping treatment, should also be discussed.

8. People with glaucoma, suspected glaucoma or with ocular hypertension are offered follow-up appointments within an appropriate time interval to review their condition or for specialist assessment, including those that have been rearranged due to appointments being cancelled, delayed or missed.

9. People with glaucoma, suspected glaucoma or with ocular hypertension are seen by healthcare professionals who have access to the person's records, which should include information on test results, past medical problems, current and previous medication details, drug allergies and intolerances.

10. People with glaucoma who are losing their sight despite treatment and those diagnosed with glaucoma at an advanced stage are offered surgery with medication and given information on the risks and benefits of surgery.

11. People with glaucoma, suspected glaucoma or with ocular hypertension have the opportunity to discuss their diagnosis, prognosis (what their sight may be like in the future) and management and are provided with relevant advice and information in a suitable format at each appointment.

12. People with suspected glaucoma or with ocular hypertension who do not need treatment and whose condition is considered stable are discharged from regular glaucoma monitoring and are given information to take home about their condition. This should include:

- details of their diagnosis
- copies of test results (such as optic nerve imaging, field of vision and the thickness of the cornea)
- details of the circumstances under which they may be referred (including intraocular pressure)
- how often they should be reviewed.

You can read full details of the advice for patients from NICE on diagnosing and treating glaucoma and raised eye pressure here

[www.nice.org.uk/guidance/CG85/PublicInfo](http://www.nice.org.uk/guidance/CG85/PublicInfo)

## **Your care**

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution ([www.dh.gov.uk/en/Healthcare/NHSConstitution/index.htm](http://www.dh.gov.uk/en/Healthcare/NHSConstitution/index.htm)). All NICE quality standards are written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

## **Information from NICE about glaucoma**

The full quality standard on glaucoma, written for healthcare professionals, is available from [www.nice.org.uk](http://www.nice.org.uk).

NICE also produces guidance (advice) for the NHS in England and Wales about preventing, diagnosing and treating medical conditions, based on the best available evidence.

NICE has produced guidance on glaucoma, available from [www.nice.org.uk/guidance/CG85](http://www.nice.org.uk/guidance/CG85). The guidance was used, along with other sources of information, to develop this quality standard.

Information for patients and carers about the care and treatment recommended in the NICE guidance on glaucoma is available from [www.nice.org.uk/guidance/CG85/publicinfo](http://www.nice.org.uk/guidance/CG85/publicinfo). It is written to help patients, their families and carers to understand the care and treatment options that should be available in the NHS.

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