



Ophthalmic Services  
Memorandum of Ophthalmic Service

14<sup>th</sup> July 2022

To all  
Ophthalmic Contractors  
Individual Optometrists  
Registered Dispensing Opticians  
Ophthalmic Medical Practitioners

**IMPORTANT INFORMATION:  
GOS Eligibility for Patients at risk of Angle Closure Glaucoma and  
associated requirements for ALL Ophthalmic Contractors**

Following consultation in late 2021, the RCOphth has recently implemented guidance in relation to the management of Angle Closure Glaucoma (ACG). **You are advised to read this guidance in full and bring to the attention of all Optometrists working in your practice (full-time, part-time and locum).** The guidance can be accessed at the following link: [Management of Angle-Closure Glaucoma Guideline | The Royal College of Ophthalmologists \(rcophth.ac.uk\)](https://www.rcophth.ac.uk/management-of-angle-closure-glaucoma-guideline/)

The guidance is of relevance and importance for primary care optometrists in that it clearly outlines the clinical criteria for referral to the hospital eye service. The guidance notes that in light of the evidence identifying a low risk of sight loss from glaucoma or pathology *related to acute angle-closure in people with occluded drainage angles*, it is now advised that referrals be made in line with NICE guidance for raised IOP or glaucoma.

Those ***with presumed occluded angles***, known as Primary Angle Closure Suspect (PACS), should only be referred on the basis of elevated IOP, glaucoma, or risk factors constituting “**PACS PLUS**” as outlined in the guidance. Therefore, the finding of “**PACS PLUS**” should trigger a referral to the hospital eye service as noted in the guidance. **It is essential that all optometrists have a full and working knowledge of these criteria in order to determine if referral is indicated.** Patients who ***fulfil the angle only characteristics*** as outlined in the guidance, but do not have any of the additional “PACS PLUS” criteria (i.e. do not have raised IOP, glaucoma or risk factors), are deemed to be “PACS Negative” and **should not** be referred but should be reviewed *annually* in primary care via a GOS Sight Test. Their PACS Negative status deems them at risk of glaucoma and therefore eligible for a GOS sight test.

**Providing Support to Health and Social Care**



## **ACTION REQUIRED**

**It is the responsibility of the contractor to ensure that:**

1. All clinical records for “PACS NEGATIVE” patients where a GOS Sight Test (ST) is being claimed must **clearly record and evidence** the clinical criteria for GOS eligibility i.e. that the angle characteristics as noted in the RCOphth guidance are present for that patient. This is essential for probity assurance and verification of the claim for a GOS ST.
2. The GOS ST claim should be annotated with the eligibility category of “At Risk of Glaucoma”. This criteria may be in addition to other eligibility criteria (where present) and should be recorded on **all occasions** where a “PACS NEGATIVE” patient is being examined under GOS.
3. Any claims for a GOS ST for a “PACS NEGATIVE” patient, whose clinical record does not contain the supporting clinical information in regard to the recording of angle characteristics, will not be upheld by the Business Services Organisation.

**If you have any queries in relation to this MOS please contact Ophthalmic Services Claims and Payments team in the Business Services Organisation in the first instance.**