

Question/statement number	Statement	Average score (9 = <i>strongly agree</i>)	% Respondents scoring \geq 6
1	Recommended patients in the 'low risk' group – where ‘low risk’ is defined as being at a low risk of progression to significant visual loss over their lifetime- suitable for follow up in this type of service would include those with:		
a	Primary ocular hypertension (OHT)	8.4	96
b	Suspected glaucoma	7.9	93
c	Early and moderate primary open angle glaucoma (in the worse eye)	6.4	68
d	Bilateral pseudophakia and a primary diagnosis of early or moderate primary angle closure glaucoma	6.8	77
e	Pigment dispersion syndrome/pigmentary glaucoma	5.9 *	61
f	Pseudoexfoliation ocular hypertension or glaucoma	5.3 *	52
g	Patients not falling into the groups specified above, yet deemed suitable for the service at the discretion of the consultant glaucomatologist.	7.1	76
2	Patients not suitable for the service include those in whom it is anticipated that the quality of data collected will be of insufficient reliability for the remote reviewer to make a safe clinical decision (e.g. unable to perform visual fields, poor disc imaging).	8.3	97
3	The recommended tests to be undertaken on patients at each visit would include:		
a	Visual acuity testing at each visit	8.4	91
b	Thresholded automated visual fields at intervals clearly specified by the referring/ reviewing consultant	8.6	99
c	IOP measurement at each visit	8.7	99
d	Disc imaging at intervals clearly specified by the referring/ reviewing consultant	8.5	96
e	A single measure of central corneal thickness, if not previously recorded	8.4	96
f	Van Herick's angle measurement at intervals clearly specified by the referring/reviewing consultant	7.1	80
g	A recording of the patient's compliance to treatment, where appropriate.	8.1	94
4	Staffing		
a	All staff delivering the service should have evidence of training and locally approved accreditation for their required task.	8.4	97
b	The recommended reviewer for this type of service would be a consultant glaucomatologist or any	8.1	96

	healthcare professional to whom the consultant glaucomatologist is happy to delegate the role.		
5	Patients with low risk primary OHT or suspected primary glaucoma who show no signs of conversion to glaucoma may be discharged back into the community with clear instructions that they should continue with other ophthalmological monitoring, if appropriate. A face-to-face review is not required for discharge.	7.0	81
6	Departments running such services should clearly define who is ultimately responsible for patients in the service (i.e. whether it is the remote reviewer or the referring glaucomatologist)	8.4	96
7	The service will be regularly audited against the standards (which will be developed and defined following this survey).	8.4	99
8	All patient information will ideally be collated, controlled and delivered by an electronic patient record.	8.0	91

Table 1: Scoring for 21 statements presented to UKEGS members after round 1. *Members' scoring showed that they felt patients with pigment dispersion syndrome, pigmentary glaucoma, or pseudoexfoliation ocular hypertension/glaucoma should not be monitored in the virtual clinic setting