



New Eyecare Services

Community Eyecare Guideline Methodology

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1. Introduction

1.1. Document Purpose

This document outlines the methodology for reviewing, updating, and maintaining the community eyecare guidelines (CEGs) to ensure they are evidence-based, relevant, and aligned with current best practice. It serves as a reference for all stakeholders involved in the development and revision of eyecare guidance, including clinical advisers, policy makers, and professional bodies.

The purpose of this methodology is to:

- Establish a transparent, systematic, and reproducible process for guideline updates.
- Ensure that updates are informed by the latest clinical evidence, regulatory changes, and stakeholder feedback.
- Promote consistency and rigour in the development of guidance that supports safe, effective, and patient-centred eyecare delivery.
- Define roles, responsibilities, and timelines associated with the guideline review cycle.

1.2. Background

In 2016, under the National Ophthalmology Workstream initiative *“Working Together to Deliver Eyecare Services across NHS Scotland”*, the Scottish Government (SG) funded the development of a website and app to host NHS Grampian’s Eye Health Network clinical guidelines. The primary aim was to enhance the standardisation, accessibility, usability, and currency of clinical guidelines and pathways used in primary care optometry.

The guidelines were initially adapted from the College of Optometrists’ Clinical Management Guidelines (CMGs), incorporating pragmatic insights from NHS Grampian’s Eye Health Network, and endorsed by Optometry Scotland. Their development aligned with the changing role of community optometrists in Scotland, who have increasingly collaborated with ophthalmology colleagues since the introduction of independent prescribing (IP) in 2008. These standardised pathways were designed to guide IP optometrists in making informed decisions about treating patients within the community or referring them onwards.

This collaborative model has now been further strengthened by the introduction of the new General Ophthalmic Services (GOS) Specialist Supplementary Service, which elevates the scope of IP work by enabling optometrists to manage more complex cases within the community setting. In parallel, changes to the undergraduate optometry curriculum mean that all newly qualified practitioners will graduate with IP status, marking a significant shift in the baseline clinical capability of the workforce and reinforcing the need for robust, evidence-based clinical guidance. These developments underscore the urgency of maintaining up-to-date clinical guidance that reflects the evolving scope of practice and ensures consistency and safe, effective and high-quality care across all Health Boards in Scotland.

Despite their initial success, the guidelines eventually faced challenges around governance and sustainability. Ownership became unclear, and there was no formal framework for ongoing monitoring, maintenance, or revision. In response, SG commissioned NSS with overarching responsibility for updating the guidelines, which were migrated to eyes.nhs.scot in 2022. Following consultation with the Community Eyecare Guidelines Group (CEGG), it was agreed that the guidelines would be baselined in Phase 1, with enhancements considered in Phase 2. Phase 1 will uphold the principle of the guidance being a practical adaptation of the CMGs, aligning with the College of Optometrists’ therapeutic recommendations (where an equivalent CMG is available), using their evidence base to support the guidance. Resources will be directed toward summarising this information and adapting it to Scottish practice in relation to formulary differences and national service frameworks.

The original CEG comprised of 103 clinical guidelines. As of August 2024, 71% of optometrists reported using these guidelines. However, given the challenges outlined above, concerns were raised around the guidelines continued appropriateness. Disclaimers were therefore added to reflect the lack of recent review, and updating the guidelines is now a priority workstream for NSS.

To ensure clinical safety, relevance, and integrity, all guidelines must:

- Be evidence-based, where such evidence exists
- Reflect current national services and Scottish formularies
- Be developed using a documented and agreed methodology

- Undergo a formal governance process with appropriate sign-off

NSS must be able to provide assurance that these standards are met and maintained throughout the lifecycle of the guidelines.

Updates to the CEGs will be provided in 2 phases.

- Phase 1 will be split into 2 stages:
 - Stage 1 – The baselining of all 71 CEGs where an equivalent College of Optometrists CMG exists. The 15CEGs relating to the GOS Specialist Supplementary Service will be prioritised as part of this stage. This will ensure that the initial intention of this guidance in being a practical adaptation of the COOs CMGs for Scottish practitioners will remain.
 - Stage 2 – Consideration given to next steps/review for the remaining 32 CEGs where no equivalent CMG exists.
- Phase 2 - a regular review cycle will be implemented for maintaining the guidelines. Additionally, the future strategic direction of the guidelines will be considered and areas for expansion discussed, such as inclusion of images, “Annex C of the Statement”, IP versus non-IP split and flow charts. This phase is resource dependent.

The methodology section of this document is solely focussed on phase 1, stage 1 delivery. This section will be reviewed/further developed for phase 1, stage 2 and phase 2 delivery.

1.2.1 Limitations of the Community Eyecare Guidelines

The CEGs are for use by ophthalmic healthcare professionals and are intended as a reference source for education and clinical decision support. It is important to note that:

- The guidance is not suitable for every situation and is not intended to be a substitute for specialist expertise and clinical judgement.
- The guidance is non-mandatory and should not be adhered to in isolation but should be considered in conjunction with other national and locally available guidance/pathways.
- Users of the website assume all responsibility for using the information on the Website.
- The responsibility to interpret the guidelines sits with the ophthalmic healthcare professional.

1.2.2 College of Optometrists guidance and evidence base

As part of the College of Optometrists commitment to promoting optometry as a profession and providing reliable clinical support, a set of CMGs were developed. The stimulus for the guidelines was the introduction of independent prescribing for optometrists in 2008. To safeguard patients (especially in settings that were not supported by formal clinical governance structures such as community practice) the Commission on Human Medicines recommended that optometry prescribing should be supported by guidelines.

These are intended to be robust, current and evidence based for managing various ocular conditions. Over the years as optometry has developed and continues to upskill, these guidelines have broadened and increased to cover more complex conditions and management options.

The College of Optometrists employs 3 Clinical Advisors who are available to members who have queries or concerns regarding any aspect of their practice (regardless of their practice environment). Part of their remit is to oversee the ongoing maintenance of the CMGs and to ensure that they remain current and valid.

The CMGs are designed to set out current best evidence to inform clinical practice. The College of Optometrists states clearly in their introduction to CMGs that clinicians should at all times recognise and work within their own area of expertise and confidence.

The CMGs are intended to be used as part of evidence-based practice which combines patient preference, research evidence and clinical expertise to determine a management plan for each condition encountered. They follow a consistent format and should be used alongside other sources of information rather than in isolation.

The CMGs are written and then peer reviewed by separate groups of optometrists and ophthalmologists and are refreshed on a rolling 2-year cycle. They initially evolved from defined clinical questions using the PICO model (Patient, Intervention, Comparator and Outcome) for which specific literature search strategies were then developed.

CMG literature searches are carried out using appropriate electronic databases (e.g. MEDLINE, EMBASE, CINAHL and the Cochrane Library) using an explicit strategy and with pre-defined inclusion/exclusion criteria. Reference lists are also searched to find additional studies. Other guidelines relevant to the topic area are also identified.

Two CMG authors then independently assess the titles and abstracts of the studies identified from the electronic searches to select those most relevant. These resources are then critically appraised with respect to methodology, significance and applicability independently by two CMG authors against a standard appraisal checklist such as the AGREE (Appraisal of Guidelines for Research and Evaluation) instrument.

Once the evidence has been critically appraised it is translated into evidence-based recommendations. The strength of recommendation for an intervention depends on:

- The balance between benefits, risks and burdens
- The quality of the evidence for the intervention

Each recommendation is graded using a modification of the system developed by the GRADE (Grading of Recommendations, Assessment, Development and Evaluation) Working Group. This system incorporates an assessment of the quality of the evidence and the strength of the recommendation.

The quality of evidence for each clinical question is determined after considering the study design, consistency and applicability of the evidence to the target population.

GRADE uses the following definitions of the quality of evidence:

- 1) High - Further research is very unlikely to change our confidence in the estimate of the effect.
- 2) Medium - Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
- 3) Low - Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate

Once the quality of evidence for a specific question is determined, the strength of recommendation of that intervention is classified as either strong or weak. When determining the strength of recommendations, consideration is given to the balance between desirable and undesirable effects, the quality of the evidence and variability of or uncertainty about patient values and preferences.

Where CMG authors are confident that most patients would benefit from a particular management strategy they will make a strong recommendation. These are usually underpinned by high quality evidence but there may be situations where strong recommendations can be made in the presence of moderate or low-quality evidence if the benefits clearly outweigh the risks.

1.3. Governance and Oversight

The governance and oversight of the CEGs is critical to ensuring their clinical integrity, safety, and relevance to national practice. The CEGG will approve the guideline methodology and provide assurance that the process is robust, transparent, and aligned with national standards.

The guideline methodology will progress through the formal NSS governance process and will be signed off internally.

CEGG will:

- Agree the methodology for guideline development and review
- Ensure that a formal national guideline review process is in place and consistently followed
- Consider wider stakeholder input and highlight any areas of clinical concern or risk
- Review and agree on feedback arising from the practical review process

NSS will carry out the practical review of the guidelines in line with the methodology approved by CEGG to form the first draft of the reviewed guideline. This may include assessing clinical content, evidence base, and alignment with Scottish formularies and services.

1.3.1 Final approval/sign off

After being drafted by NSS, the methodology and draft guidelines will first be reviewed and signed off by the CEGG. A quorum will be applied to this process (please see section 2.4.2.6 for further details). The CEGG will be asked to provide confirmation that the drafted guidelines are reflective of the agreed methodology endorsed by the group and are clinically safe, before being submitted to NSS for formal approval.

The guideline methodology will be taken to NSS's Primary and Community Care clinical governance group for sign off. This group provides quarterly assurance reports which will be fed through the appropriate clinical governance structure within NSS. For further information on the NSS committees providing governance oversight and permission to publish the guidelines and associated RACI matrix, please refer to appendix 6. This process ensures internal sign off within NSS.

The Executive Medical Director of NSS will be accountable for ensuring that there is a robust clinical governance process which ensures the CEG are appropriate for sign off and publication by NSS.

1.3.2 Purpose of this stage

- Ensure the updated guidelines are formally approved at a national level.
- Check that the content reflects the best available evidence and feedback from consultation.
- Ensure the guidelines are clear, trustworthy, and ready for use in practice.

1.4. Methodology

1.4.1 Define Scope and Purpose

As stated earlier, the scope of this methodology section is currently restricted to phase 1, stage 1 delivery of the CEG. It will be reviewed/further developed for phase 1, stage 2 and phase 2.

The process outlined is underpinned by the methodological principles set out in the SIGN 50 Guideline Developer's Handbook and informed by the National Institute for Health and Care Excellence (NICE) Developing NICE Guidelines: The Manual. Alignment with the College of Optometrists' CMGs will ensure clinical continuity, while recognition of local Health Board formularies will maintain practical applicability. For full details of the methodology process and the sources of information for the relevant sections within this document, please refer to appendices 1 and 2.

The purpose of this methodology section is to:

- Establish a nationally standardised, evidence-based framework for the assessment, management, and referral of ophthalmic conditions in community optometry
- Ensure consistency with recognised best practice standards, including NICE guidance, SIGN methodology, and the evidence-based College of Optometrists' clinical guidelines
- Support safe, effective, person-centred care, reducing unwarranted variation and improving patient outcomes across Scotland
- Provide a practical decision-support tool for optometrists, enabling effective day-to-day clinical practice
- Strengthen interdisciplinary collaboration by aligning with the roles of GPs, pharmacists, ophthalmologists, and other healthcare professionals within the Scottish healthcare system
- Ensure recommendations are implementable, recognising the structure of local Health Board formularies, service pathways, and available resources
- In Phase 1, stage 1, these guidelines will be a pragmatic, practical adaptation of the College of Optometrists' CMGs, reflecting the group's agreement to maintain close alignment with existing COO recommendations at this stage

1.4.1.1 Conditions Covered

The scope of Phase 1, stage 1, will be to review and update the first 71 CEGs where an equivalent College of Optometrists CMG exists. The 15 CEGs relating to the GOS Specialist Supplementary Service will be prioritised as part of this stage. It is important to note that:

- Consideration will not be given to the next steps/review of the remaining 32 CEGs where no equivalent CMG exists until phase 1, stage 2

- No expansion of coverage will be considered until Phase 2
- These guidelines address a wide range of anterior and posterior eye conditions typically managed within community optometry
- Conditions suitable for community-based management and prescribing within the scope of IP optometrists with clear thresholds and pathways for referral to secondary care

1.4.1.2 Reference Standards

For phase 1, stage 1, the guideline development will be explicitly aligned with:

- The principles noted in SIGN 50 Guideline Developer's Handbook/Developing NICE guidelines: The Manual – ensuring methodological rigour, stakeholder involvement, and transparent evidence appraisal
- College of Optometrists CMGs – providing recognised, evidence-based clinical decision-making support
- SIGN guidance – ensuring alignment with high-quality, evidence-based recommendations and avoidance of unnecessary duplication
- Local Health Board formularies – ensuring prescribing recommendations are practical, safe, cost effective and implementable

N.B. Scottish Eyecare Network guidelines will be considered as contextual reference points only.

1.4.1.3 Exclusions

The following areas are outside the scope of this guidance: For phase 1, the development of any new guidelines for which there is no existing COO CMG.

- Rare ophthalmic conditions typically managed exclusively in secondary or tertiary care
- Surgical interventions or treatments restricted to hospital-based ophthalmology
- Systemic conditions outside the remit of community optometry
- For Phase 1, stage 1, any deviation from the College of Optometrists' CMGs in terms of broader category drug recommendations is excluded
- The development of any new guidelines for which there is no existing College of Optometrists' CMG

1.4.1.4 Intended Audience

The guidelines are intended for:

- Community optometrists across Scotland, including Independent Prescribing (IP) practitioners
- Policymakers and service planners within NSS, SG, and Health Boards who require clear, evidence-based standards for community eyecare delivery

1.4.2 CEG Review Process

1.4.2.1 Establish Guideline Development Group (CEGG)

The CEGG has already been established to oversee the development, maintenance, and ongoing review of the NHS Scotland CEGs. The group brings together a broad range of stakeholders from across the eye health and primary care community, ensuring that the guidelines are clinically robust, evidence-based, and relevant to practice in both urban and rural settings.

1.4.2.2 Membership

The CEGG comprises representatives from:

- The Scottish Optometric Advisors Group (SOAG)
- The Association for Eyecare Providers
- The Association of Optometrists (AOP)
- Academic institutions, including representatives from Glasgow Caledonian University and the University of the Highlands and Islands
- Eye Health Scotland
- Pharmacy
- General Practice (GP representative)
- Hospital Optometry

- Community Optometry (Optometrist/Independent Prescribing Optometrist representatives – central belt and rural representation)
- The College of Optometrists
- NES Optometry
- Scottish Government

This multi-disciplinary composition ensures that the guidelines reflect diverse perspectives and expertise across the profession and wider healthcare system.

1.4.2.3 Role and Responsibilities

For full details of the role of CEGG and the responsibilities of the Optometric Advisers, please refer to appendix 3.

1.4.2.4 Evidence Review, Drafting Guidelines and CEGG Review

For phase 1, stage 1 the CEGs will be updated in alignment with the therapeutic recommendations in the College of Optometrists' CMGs (the foundation for Phase 1, stage 1 updates). This ensures that the guidelines are based on trusted, evidence-based recommendations while keeping the process practical and efficient.

A review template has been developed to allow a consistent and clear process for each CEG being considered. For full details, please see the review template in appendix 4.

More detailed, independent or new evidence reviews may take place in phase 1, stage 2 and phase 2 as defined by the CEGG in due course.

1.4.2.5 Drafting Guidelines Process

NSS Optometric Advisors will pre-populate the templates in line with the methodology as detailed in appendix 1. This will involve:

- Reviewing each guideline and linking/aligning it directly to the latest College CMGs. The College's own system for grading the strength of evidence can be viewed within each COO guideline.
- Drafting recommendations under clear headings such as differential diagnosis, possible management by optometrist, management category and possible management in secondary care or local primary/community pathways, aligning with local HB formularies to ensure recommendations are practical and deliverable in practice.
- Aligning with national guidance/services specific to Scotland e.g. GOS SS and SIGN 144

1.4.2.6 CEGG Review of Draft Guideline

Once complete, the draft updated CEG will require to be reviewed by the CEGG, with comments expected within 2 weeks routinely, although a 6 week review period will be offered during summer and Christmas periods (see process map in appendix 5). This sharing of draft updated CEGs with the CEGG for comment will take place in batches.

In order for a CEG (or associated guidance/matters) to be signed off, a quorate number of positive responses will be required. The quorate number applied will be 50% of the total members of the group, as listed within the ToR at the date of sign off, with an additional requirement for a positive response from 50% of NSS group members and 50% of the remaining 'other' group members. It is only once these requirements are met in full, that sign off may take place.

For full details of the drafting recommendations and CEGG review process, please see appendices 1, 2, 4 and 5.

1.4.2.7 Purpose of CEG Review Process, Phase 1, Stage 1

- Update Scotland's current CEGs to ensure that they are fully aligned with a sufficiently robust evidence source.

- Create clear, concise recommendations for community optometrists in Scotland supported by the evidence used in the College CMGs. Agree the recommendations with the CEGG to make sure they are practical and workable across Scotland.
- Provide simple and practical steps for managing and referring patients safely.
- Where possible ensure guidance reflects local NHS Board prescribing policies and national services specific to Scotland.
- Write recommendations in clear, accessible language so they are easy to use in practice.
- Record any areas suitable for future development opportunities.

1.4.2.8 What this stage will deliver

- Updated versions of all guidelines for phase1, stage 1 based on the College CMGs.
- Clear, practical recommendations for diagnosis, management, prescribing, and referral relevant to Optometrists working in Scotland.
- A record of areas needing future development in Phase 2.
- A clear record of any differences between the CEGs and the College's guidance.

1.4.3 External Consultation

1.4.3.1 Background

For phase1, stage 1, no external consultation is required as this has already been undertaken for all College of Optometrists CMGs.

1.4.3.2 The College of Optometrists Consultation Process and its Purpose

With regard to the CMGs, the College engages a writing team who use processes which conform to best practice for guideline development. For each CMG, once the condition has been identified and a thorough review of evidence around that condition has been completed, a draft CMG is created.

This is then shared with 3 independent review groups;

- The CMG Review Group; consisting of optometrists and ophthalmologists
- The Independent Prescribing Reference Group
- The College's Public Patient Reference Group

These groups feed back to the CMG writers who edit the CMG and pass this to the College's Education and Standards Committee for approval before adding the CMG to the College website.

When a CMG is due for updating (typically every 2 years) the same process is followed to ensure consistency and quality of the process.

This external consultation ensures that:

- There is broader oversight of each CMG to reduce error and improve quality
- Each CMG is reviewed by a spectrum of clinicians working in Primary and Secondary care and also by patients, to ensure that each CMG is accurate, valid and applicable in clinical settings
- Each CMG conforms to a consistent structure and is easy to understand by clinicians of all levels of knowledge and experience

1.4.3.3 External Consultation for future phases

For phase 1, stage 2 and phase 2, the need for external consultation will be considered in due course and further defined/developed as required. For situations where there is no assurance that this has been carried out it is an important stage because it ensures the guidelines are clear, practical, and supported by everyone who will use them.

1.4.4 Publication and Awareness Raising

1.4.4.1 Background

The effectiveness of the CEGs depends on publication followed by successful promotion of the guidance across all Scottish Health Boards. Ensuring awareness of the availability of this updated guidance is key to ensuring that the availability of these guidelines translate into supporting improved clinical practice and patient outcomes.

Promotion of the CEGs will be coordinated by NSS with oversight from the SG, and will involve close collaboration with the CEGG, local Health Boards, and professional bodies.

1.4.4.2 Publication and communication

After approval, the final guidelines will:

- Enter into the NSS QMS
- Be published on the eyes.nhs.scot website by an NSS quality assurance manager
- Be promoted widely across the optometry profession within Scotland

1.4.4.3 What this stage will deliver

- Non-mandatory guideline documents available to the Optometry profession within Scotland that are clear, easy to access and can be used confidently by community optometrists in day-to-day practice.
- Communication to the profession to ensure awareness of updates.
- An opportunity for the profession to feedback on the guidelines via an email address on the eyes.nhs.scot website.

1.4.4.4 Guideline awareness raising strategies

- Advise external stakeholders (in line with NSS communications strategy) of newly published guidance.
- Work with SG, as required, to notify the profession of newly published guidance through SG Circulars.

1.4.5 Review and Update Cycle

1.4.5.1 Background

Clinical guidance must remain current, relevant, and evidence-based to support safe and effective care. Both the SIGN 50 Guideline Developer's Handbook and NICE standards emphasise the importance of regular review and updating to reflect new evidence, changes in clinical practice, and evolving health service priorities.

For the CEGs, a structured review and update cycle will commence in phase 2. This ensures that the guidelines continue to meet the needs of patients, practitioners, and Health Boards across Scotland. Oversight will be provided by NSS in partnership with SG and the CEGG.

As of August 2025, 103 CEGs exist alongside 64 CMGs. Some CMGs are linked to more than one CEG (71 CEGs in total are covered by the CMGs). 20 of the CEGs are not directly related to a CMG but are mentioned elsewhere in College of Optometrists guidance. 12 CEGs are not mentioned at all within the CMGs and will therefore require novel evidence gathering resulting in a longer review process if they are to remain.

1.4.5.2 Prioritisation

SG have requested that CEGG prioritise the 15 CEGs relating to the 10 GOS SS conditions, therefore these guidelines will be updated first, in appropriately sized batches.

Of the 15 guidelines, 5 are linked to College CMGs which are due for their own update imminently/very soon. These guidelines will be updated last with the expectation that they can be based upon current CMG content.

Following the completed review and update process for each batch of CEGs these will be published on eyes.nhs.scot and work will begin on the next batch.

Future CEG updates will be aligned to the CMG update timetable so that CMG information is as current as possible. Many College CMGs are reviewed in batches according to condition and this may also be the case for the CEG review process.

As stated previously, in phase 2 a regular review cycle will be implemented for maintaining the guidelines however it is important to note that this phase is resource dependent.

During the review process there may be instances where a specific CEG requires unexpected review due to policy/national guidance changes. In this instance the guideline will be prioritised for review as quickly as possible and appropriate disclaimers placed within the guideline.

1.4.5.3 Cycle Objectives

- Ensure that CEGs remain aligned with the latest College of Optometrists' Clinical CMGs, Scottish formularies and SIGN guidance.
- Provide a mechanism for regularly identifying new evidence, service changes, and emerging clinical priorities.
- Establish a clear and transparent process for prioritising and scheduling updates.
- Support continuous improvement, enabling the guidelines to evolve with clinical and service developments.
- Maintain national consistency while allowing for local adaptation in line with Health Board formularies.

1.4.5.4 Review and Update Process

The review and update cycle will include:

- Undertaking a scheduled review of all CEGs at least every two years, in line with The College of Optometrists review, SIGN and NICE review cycles
- Monitoring new evidence and emerging clinical developments on an ongoing basis, with the CEGG able to trigger interim updates when required
- Systematic consideration of changes in SIGN publications, and updated College CMGs
- Reviewing Health Board formularies to ensure prescribing recommendations remain practical and deliverable
- Collecting feedback from practitioners, and other stakeholders on the usability and effectiveness of the guidelines
- Maintaining an auditable record of all decisions on whether to update, adapt, or reaffirm individual guidelines. Feedback from the eyes.nhs.scot website via an email address where any issues may be highlighted.

1.4.5.5 Outputs

- A planned review cycle for all guidelines, with clear timelines and responsibilities.
- Updated guidelines where new evidence or changes in practice require revision.
- A publicly available record of guideline reviews, including reasons for update, adaptation, or reaffirmation.
- A prioritised list of guideline areas requiring development, or future phases of work.

2. Acronyms, Abbreviations and Definitions

AGREE	Appraisal of Guidelines for Research and Evaluation
ANNEX C of the statement	Claiming information for specialist supplementary eye examinations
AOP	Association of Optometrists
BNF	British National Formulary
CASP	Critical Appraisal Skills Programme
CEG	Community Eyecare Guideline
CEGG	Community Eyecare Governance Group
CMG	Clinical Management Guideline
COO	The College of Optometrists
D&O	Dental and Ophthalmic
FODO	Federation of Dispensing Opticians
GOC	The General Optical Council
GOS SS	GOS Specialist Supplementary
GOS	General Ophthalmic Services
GRADE	Grading of Recommendations, Assessment, Development and Evaluation
IP	Independent Prescribing
NES	NHS Education for Scotland
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NSS	National Services Scotland
OA	Optometric Advisers
OS	Optometry Scotland
PICO	Patient, Intervention, Comparator and Outcome
PSD	Practitioner Services Division (of NHS Scotland)
QMS	Quality Management System
SG	Scottish Government
SIGN	Scottish Intercollegiate Guidelines Network
SOAG	Scottish Optometric Advisors Group

3. Assumptions

ID	Assumption
CEG1	Updates to the CEGs will be provided in 2 phases.
CEG2	Phase 1 update will be split into 2 stages: <ul style="list-style-type: none">• Stage 1 – The baselining of all 71 CEGs where an equivalent College of Optometrists CMG exists. For phase 1, the development of any new guidelines for which there is no existing COO CMG are outside the scope of this guidance.• Stage 2 – Consideration given to next steps/review for the remaining 32 CEGs where no equivalent CMG exists.
CEG3	The 15 CEGs relating to the GOS Specialist Supplementary Service will be prioritised as part of phase 1, stage 1.
CEG4	For Phase 1, stage 1, any deviation from the College of Optometrists' CMGs in terms of broader category drug recommendations is excluded.
CEG5	The methodology section of this document is solely focussed on phase 1, stage 1 delivery. This section will be reviewed/further developed for phase 1, stage 2 and phase 2 delivery.
CEG6	For phase 1, stage 1, no external consultation is required as this has already been undertaken for all College of Optometrists CMGs.
CEG7	For phase 1, stage 2 and phase 2, the need for external consultation will be considered in due course and further defined/developed as required.
CEG8	In phase 2, a regular review cycle will be implemented for maintaining the guidelines.
CEG9	In phase 2, the future strategic direction of the guidelines will be considered and areas for expansion discussed.

4. References

The College of Optometrists

<https://www.college-optometrists.org/>

NICE

<https://www.nice.org.uk/>

SIGN

<https://www.sign.ac.uk/>

CASP (Critical Appraisal Skills Programme)

<https://casp-uk.net/>

Appendix 1 - Practical Methodology for Phase 1, Stage 1

Category within the CEG	Practical Methodology
Link to CMG within each guideline	Provide a link to the relevant CMG
Differential Diagnosis	A high-level summary of the CMGs - no deviation
Possible management by Optometrist	<p>Therapeutic management will be taken from CMG for drug categories - no deviation.</p> <p>Where drug classifications/names are provided within the CMG work will be carried out to consider availability in Scottish formularies and provide a first line recommendation. If no alignment across Scottish formularies, then available options will be given or advice to check local formularies with sign posting.</p> <p>During the internal formulary alignment work (providing the background to create robust dosage and duration guidance) drug availability is considered from two angles;</p> <ul style="list-style-type: none"> • Are the drugs mentioned in the CMG (oral/topical) also listed <u>under that condition</u> in the local formularies • Are the drugs mentioned in the CMG available within the local formularies (not necessarily linked to the condition) <p>Drug names will be searched in two ways within the Scottish formularies:</p> <ul style="list-style-type: none"> - Search by generic drug name (or brand where generic cannot be found) - Search by condition <p>Any medication requiring an IP prescription will be noted in blue coloured text for easy identification.</p> <p>Dose and Duration Recommendations:</p> <ol style="list-style-type: none"> 1. If the College of Optometrists Formulary and the BNF* (British National Formulary) agree, their shared recommendation will be used for dose and duration in the Community Eyecare Guidelines (CEGs). <p>Where dose and duration detail is broadly aligned, but one source contains more detailed information than the other, the recommendation within the more detailed source will be utilised.</p> <ol style="list-style-type: none"> 2. If there is no alignment between the College Formulary and the BNF*:

	<ul style="list-style-type: none"> ○ All Scottish formularies will be reviewed. If a clear majority of these formularies agree on a dose and duration, that consensus will be adopted in the CEGs. 3. If there is no clear alignment among the Scottish formularies, then available options will be given or advice to check local formularies with sign posting: ○ The expert opinion of the group, informed by the BNF, College Formulary, SPC (EMC) and Scottish formularies, will be used to determine any recommendations provided. <p>Transparency - All recommendations will clearly state the source (e.g. BNF, College Formulary, SPC (EMC), Scottish formularies, or expert opinion). Drug concentrations, e.g. mg/ml, will be stated in line with BNF* as listed in generic form (where possible).</p> <p>Where possible/appropriate, steroid tapering schedules will be provided based on expert opinion of the group informed by the BNF, College Formulary, SmPC (EMC), Scottish formularies and national/local guidance.</p> <p>*Where information is lacking within the BNF or the BNF states 'see product literature' then the Summary Product Characteristics (SPC) (<u>taken from the Electronic Medicines Compendium</u>) will be consulted for dose and duration information.</p>
Further management options	<p>A high-level summary of the CMGs with Scottish input, where appropriate.</p> <p>Deviation will only occur where appropriately robust specific national guidance exists e.g. SIGN144, or a national Scottish service exists e.g. GOS SS.</p>
Possible management in secondary care or local primary/community pathways	<p>A high-level summary of the CMGs - no deviation</p>
Link to "Annex C of the Statement" for the 10 GOS SS conditions	<p>Provide a link to the relevant Scottish Government owned "Annex C of the Statement"</p>

Appendix 2 – Source of Information for Phase 1, Stage 1

Methodology	Where Does Information Come From
Define Scope and Purpose	CEGG
Establish Guideline Development Group (GDG)	CEGG
Evidence Review and Appraisal	College of Optometrists
Drafting Recommendations	College of Optometrists for drug categories to be used. CEGGs role - consider formularies and pathways in Scotland/ summarise CMGs. See Appendix 3 for more detail.
External Consultation	N/A - carried out by College of Optometrists for phase 1 recommendations
Final Approval and Publication	NSS - Approval via NSS and NHS Scotland clinical governance structures
Implementation Support	NSS (may need to engage others e.g. NES)
Review and Update Cycle	CEGG, aim to align with College of Optometrists

Appendix 3 – Overview of CEGG and NSS Optometric Advisers responsibilities

The CEGG is responsible for agreeing the content/strategic direction of the guidance. To achieve this, CEGG members work with the NSS Optometric Advisers to develop the guidance. This involves:

- Providing strategic oversight of the CEGs review process.
- Monitoring, maintaining, and revising the guidelines to ensure they are clinically robust and evidence based.
- Considering and agreeing the strategic direction of the CEG.
- Ensuring that a formal national guideline review process is in place and adhered to.
- For Phase 1, stage 1, ensuring that updates to the CEGs are undertaken as a pragmatic adaptation of the College of Optometrists' CMGs, without deviation in relation to recommended broader categories of drug treatments.

Specific Responsibilities of the Optometric Advisers:

- Chair CEGG meetings Provide a clinical lead for group discussions
- Undertake scoping work (as required) in relation to areas identified as key issues/areas of concern and present findings to the CEGG
- Encourage all members of the CEGG to air their views
- Review and approve minutes of CEGG meetings
- Liaise effectively with the clinical governance co-ordinator within the new eyecare services programme team
- Ensure guideline reviews are undertaken in line with agreed methodology and review process.
- Work with the CEGG to ensure feedback is reflected in the final version of guideline content
- Ensure final sign off of guidelines via CEGG and internally within NSS.
- Support promotion/awareness of updated guidance after publication in line with NSS communication strategy

Appendix 4 - Review template for CEG

This template is for internal NSS use only and is designed to be a flexible framework to give all updated Community Eyecare Guidelines consistency of structure and content.

Title of Community Eyecare Guideline (CEG) including section eg 1.5 Dermatochalasis

Corresponding College of Optometrists Clinical Management Guideline (CMG) and web link
If no CMG exists, give details of current College advice if it exists. If none, mark NONE.

Date of last publication of this CEG

Next planned review date

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Date of next College CMG review

Document / Revision History

Version	Date	Summary of changes
0.1		
0.2		
0.3		
0.4		
0.5		

Review of CEG

Current CEG as it stands

XXX

END

Review of CEG

Current **College CMG** as it stands (not including contents, aetiology, predisposing factors, symptoms & signs) Evidence base listed later in this document

XXX

END

Review of CEG

Differential diagnosis ⁽¹⁾ – *proposed new content directly from College CMG*

XXX

END

Possible management by optometrist – *proposed new content*

XXX

END

Further management options – *proposed new content*

XXX

END

Possible management in secondary care or local/community pathways where available – *proposed new content*

XXX

END

Guidance and References

XXX

END

Review of CEG

Additional information relating to this CEG – *for review process only*

Where this Community Eyecare Guideline differs from the College Clinical Management Guidance

XXX

END

Prescribing considerations – *proposed new content*

Please refer to Clinical Pearls page for generic advice around use and interpretation of CEGs - [link](#)

Review of CEG

Local variations in treatment guidance which could be flagged within CEG for this condition

Health Board	Does guidance align with the proposed CEG?	Comment
Ayrshire & Arran		
Borders		
Dumfries & Galloway		
Fife		
Forth Valley		
Glasgow & Clyde		
Grampian		
Highland		
Lothian		
Lanarkshire		
Orkney		
Shetland		
Tayside		
Western Isles		

Review of CEG

--

Evidence based used to support this Guideline – *for review process only*
Evidence is listed according to GRADE criteria (Grade of Recommendations Assessment, Development and Evaluation)

With special thanks to the College of Optometrists. All references to the College/CMGs are provided with their permission.

XXX

END

Review of CEG

Alignment with local formularies, **searching by condition/indication** – *for review process only*

Health Board	1 st line Tx	2 nd line Tx	3 rd line Tx	Comment
Ayrshire & Arran <u>AA Formulary</u>				
Dumfries & Galloway <u>DG formulary</u>				
East Region (Borders, Fife, Lothian) <u>Formulary East Region Formulary</u>				
Forth Valley <u>bnf11-eye.pdf</u> <u>Community Pharmacy – Forth Valley Formulary</u>				
Grampian, Orkney & Shetland <u>Grampian Area Formulary</u>				
Glasgow & Clyde <u>GGC Medicines: Miscellaneous ophthalmic preparations</u>				
Highland & Western Isles <u>HIGHLAND FORMULARY</u>				
Lanarkshire <u>NHSL Joint Adult Formulary</u>				
Tayside <u>Tayside Area Formulary</u>				

Review of CEG

Alignment with local formularies, **searching by drug - topical/oral (generic and by Brand name if relevant)** – for review process only. If condition mentioned then 1st/2nd line also listed

College of Optometrists drug mentioned within CMG				
Health Board	Approved?	Approved?	Approved?	Approved?
Ayrshire & Arran <u>AA Formulary</u>				
Dumfries & Galloway <u>DG formulary</u>				
East Region (Borders, Fife, Lothian) <u>Formulary East Region</u> <u>Formulary</u>				
Forth Valley <u>bnf11-eye.pdf</u> <u>Community Pharmacy –</u> <u>Forth Valley Formulary</u>				
Grampian, Orkney & Shetland <u>Grampian</u> <u>Area Formulary</u>				
Glasgow & Clyde <u>GGC Medicines:</u> <u>Miscellaneous</u> <u>ophthalmic</u> <u>preparations</u>				
Highland & Western Isles <u>HIGHLAND</u> <u>FORMULARY</u>				
Lanarkshire <u>NHSL Joint Adult</u> <u>Formulary</u>				
Tayside <u>Tayside Area</u> <u>Formulary</u>				

Review of CEG

Alignment between College of Optometrists Formulary, BNF and 'consensus' of local formularies of drug type, dosage and duration for condition (if mentioned)

Drug mentioned within CMG ¹				
Reference source				
College of Optometrists Formulary ²				
British National Formulary (BNF) ³				
SmPC from the Electronic Medicines Compendium ⁴				
Consensus of Scottish local formularies ⁵				
If required, consensus from CEGG ^{6/7}				
Recommendation for drug dose and duration within updated CEG				

Guidance is informed by the following sources

- 1) College of Optometrists Clinical Management Guidelines [Clinical Management Guidelines - College of Optometrists](#)
- 2) Advisory alignment with the College of Optometrists Formulary [Optometrists' Formulary - College of Optometrists](#)
- 3) Advisory alignment with the BNF [BNF \(British National Formulary\) | NICE](#)
- 4) Advisory alignment with the Summary of Product Characteristics (SmPC) taken from the Electronic Medicines Compendium [Electronic medicines compendium \(emc\)](#)
- 5) Advisory alignment with Scottish formularies (where a clear majority is present) *
- 6) Advisory alignment with expert consensus (CEGG), informed by sources 2-5 above
- 7) Advisory alignment with expert consensus (CEGG)
- 8) "Annex C of the Statement" <https://www.eyes.nhs.scot/for-professionals/legislation/>

* Scottish formularies should be available within the Prescribing Section of the Health Board pages on the eyes.nhs.scot website. [Health Boards](#)

Review of CEG

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Proposed CEG for publication on Eyes.nhs.scot

XXX

Date of revision: XX/XX/XX
Date of publication: XX/XX/XX
Date of next review: XX/XX/X

END

Review of CEG

Names of CEGG reviewers

XXX

Publication date

XXX

Comments on amended CEG. Amendments, additions, concerns and queries – *for review process only*

xxx

END

Review of CEG

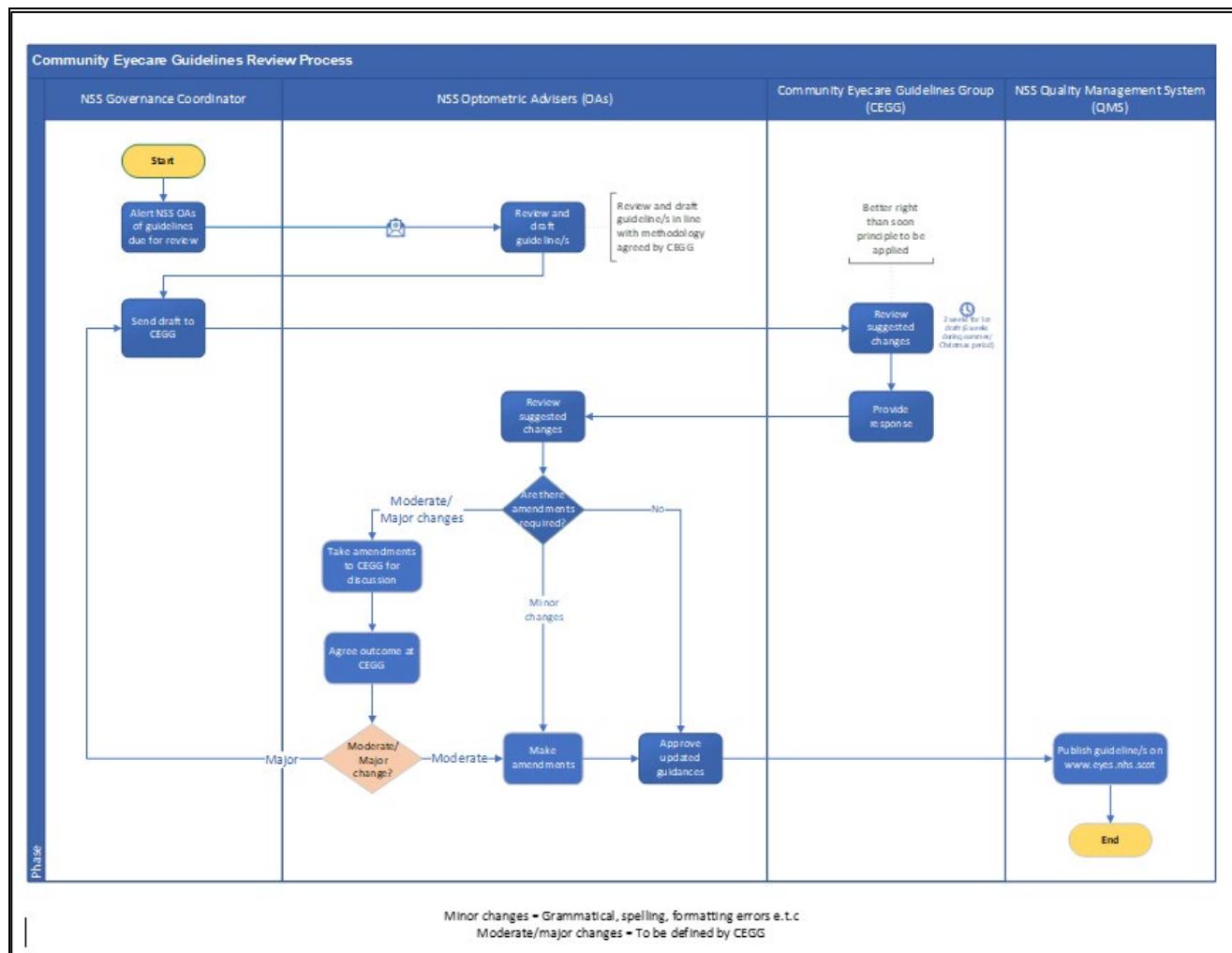
Phase 2 notes – deleted sections, additions which require evidence etc

XXX

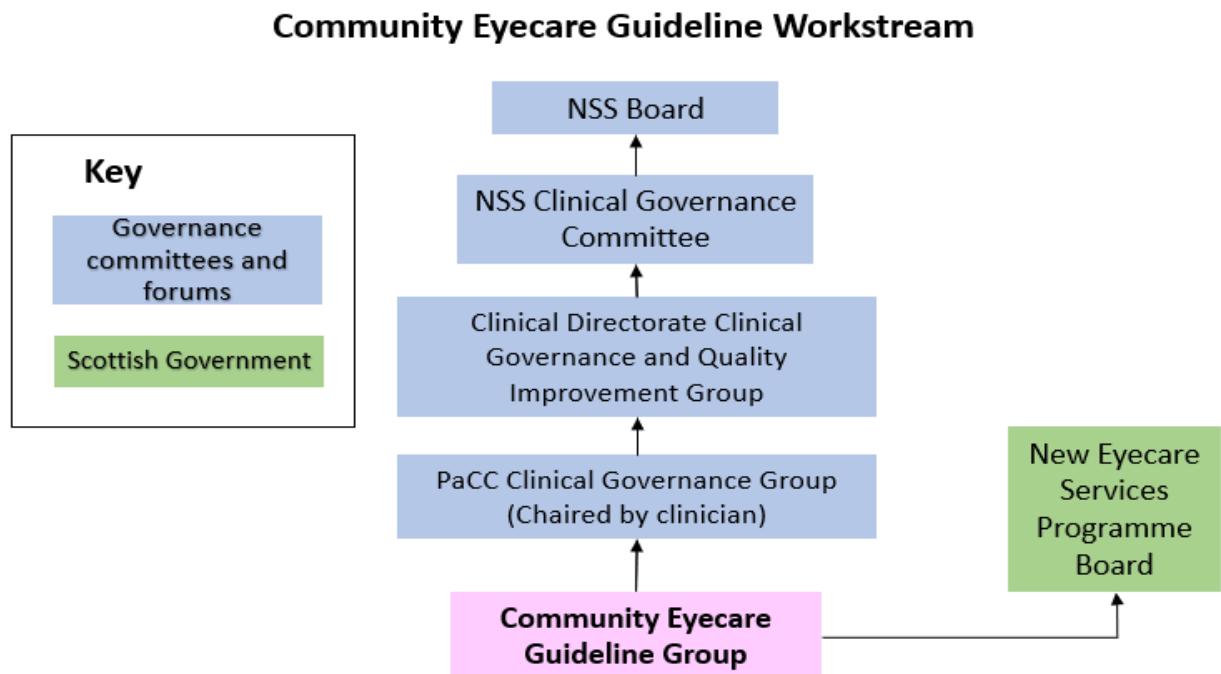
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Appendix 5 - Guideline Review Process Map for Phase 1, Stage 1



Appendix 6 – CEG Workstream Organogram and Raci Matrix



The Community Eye Care Guidelines Group is formally accountable through the New Eyecare Services Programme Board and the NSS Clinical Governance structure.

Raci Matrix

Task	SRO	Snr OA	Optometric Advisors	CEGG	Project Team	New Eyecare Programme Board	SG	Exec Medical Director	NSS Clinical Governance Committee	PaCC Clinical Governance Group	NSS Board	Clinical Directorate CG QI group	Quality Assurance Manager		
Report to Eyecare Programme Board	A	R	C	I	I	I								R	Responsible
TOR for CEGG	A	R	C	C	I		I							A	Accountable
Project plan for service	A	C	C	C	R									C	Consulted
Establish key milestones	A	C	C	C	R	I								I	Informed
Risk register (internal & external)	A	C	C	C/I	R				I	I	I	I	I		
Communications strategy	A	C	C	C	R		C								
Methodology	I	R	C	C	C		C	A	I	C/A	I	I			
Content of guidelines	I	R	C	C/A	C		C	I	I	C/A	I	I			
Publishing agreed documents	I	A	A	I	C	I	I						R		
Updating QMS documents	I	A	R	I	C	I	I						I		