The process of developing guidelines is needed. When important gaps in the evidence are made.

Why were the guidelines needed?

The development of guidelines is costly in terms of human resources, time, and money, so there has to be a good reason to produce them. To put it mildly, evidence-based guidelines are absolutely needed.

Limitations of the guidelines

It is important to remember that guidance is not comprehensive. It is ‘applicable to 80% of cases, 80% of the time’. In addition, as mentioned in other articles in this issue, eye drops are not always a feasible form of treatment in low- and middle-income countries, and therefore the guidelines may not be as widely applicable outside of the United Kingdom or Europe.

The NICE quality standards for glaucoma

In addition to providing guidance to clinicians, it was also important to set standards for the delivery of glaucoma care (http://guidance.nice.org.uk/Q57). This is applicable to the information systems, referral pathways, communication, staff management, etc. needed to provide patients with consistently high levels of care. These standards, although not entirely achievable in poorly resourced settings, do give us some ideas about what needs to be in place in our eye care or health care systems if we want to reduce avoidable blindness from glaucoma. Primarily, what is needed is a reasoned and coordinated approach: ‘The quality standard for glaucoma requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole glaucoma care pathway, including primary, secondary and social care. An integrated approach to provision of services is fundamental to the delivery of high quality care to people with glaucoma. A local register of glaucoma-related conditions, organised according to diagnosis, could be used to facilitate such integration.’

Those most at risk of blindness from glaucoma are those in the most deprived circumstances, including material and educational poverty. For example, in the Caribbean, wealthy people with glaucoma can afford diagnosis and treatment while those on average incomes will have little chance of saving their sight.

The huge challenge in poorer countries and emerging economies is to put in place the requirements for the ‘whole glaucoma pathway’. This is why preventing glaucoma blindness requires VISION 2020 programmes to achieve their highest potential by offering integrated and fully equipped services from primary to tertiary care. Thus the NICE standards are a remote ideal towards which all programmes should strive; the UK National Health Service (NHS) itself still has a long way to go.

For example, having local and/or national registers of glaucoma would help with the monitoring of standards, but this requires major infrastructural development. It would require a database that is secure in terms of information governance but also technically sustainable and fully, regularly, and automatically backed up. It must be able to maintain individual records over the 30-year natural history of the disease. However, basic beginnings can make an enormous difference. For example, on the island of Dominica, every person keeps an exercise book containing all their patient records; this is a useful solution when there are few resources.