

Optometrists Referral Information and Guidance:

Work within your competence:

All registered optometrists have been assessed as safe to practice independently, but there is acknowledgement that experience, scope of practice and type of practice have an impact on your ability to recognize and manage different conditions.

It is a sign of a mature professional to be aware of one's own limits and to make referrals to others with more experience or a different skill set when needed and in the best interest of the patient. This does not always mean referral to the GP or Hospital but can also be a referral to a more experienced colleague.

A referral does not need to be a formal letter but can also be a conversation with a colleague for a second opinion or advice, as long as this is properly documented.

If you decide to manage an eye condition rather than refer, you should always ensure that your actions and recommendations follow *College of Optometrists Clinical Management Guidelines* which are available online and via the College App.

Optometrists who are not members of the College should also be familiar with the CMG

Make your referral accurate and concise:

It is undoubtedly in both the patients and practitioner's best interests for any referral to be accurate and appropriate, but what constitutes a good referral.

Too little or too much information can cause delay in ensuring that the patient is directed to the most appropriate clinic or doctor for treatment or advice.

Legibility is also a problem, so please always send typed rather than handwritten letters, unless this is unavoidable.

Discuss the referral with the patient:

Quite understandably, patients find being told that they are going to be referred a cause of stress. It is good practice to discuss your concern with the patient in terms that they can understand, and you should understand and be able to explain local pathways to the patient to alleviate their anxiety.

The minimum data set for your referral should include:

- Patient ID
- GP details
- Practitioner ID
- Pertinent signs and symptoms.
- Your concerns and indication of urgency.

Patient ID: Names, date of birth, full postal address, contact numbers if available, NHS numbers if available.

GP details: Doctor and practice name and address.

Practitioner ID: Your Name, GOC number and practice address.

Signs and symptoms pertinent to the referral: Try to be concise – if you are making a referral for suspect glaucoma, say so and put in the details of the clinical signs that lead you to that concern. It is not necessary to include incidental findings, if you do so, please make sure that they are obviously stated as incidental findings.

If you are making a referral for more than one condition, the more sight threatening condition will be given priority during triage.

Indications of urgency: In the NHS there are three classifications: Emergency: Urgent: and Routine:

1. Emergency: Some conditions are so urgent that we should pick up the phone and call ophthalmology on call for advice or direct the patient to A&E on the same day (including e.g., papilledema, retinal detachment, orbital cellulitis.)
2. Urgent: some conditions will need to be seen very quickly, there may be dedicated referral pathways e.g., for wet / neovascular AMD which should be followed, but if referral via the GOS18 / GP route is required then it should be clearly marked as urgent and the patient will be seen as quickly as possible (including e.g., vascular occlusions with reduced VA, very high IOP.)
3. Routine: everything that is neither Emergency or Urgent

NOTE: There is no 'soon' category

Please avoid giving patients unrealistic expectations of time “this needs to be seen within X weeks” - as despite everyone’s best efforts it may not be possible to achieve, and will lead to increased anxiety and distress for the patient.

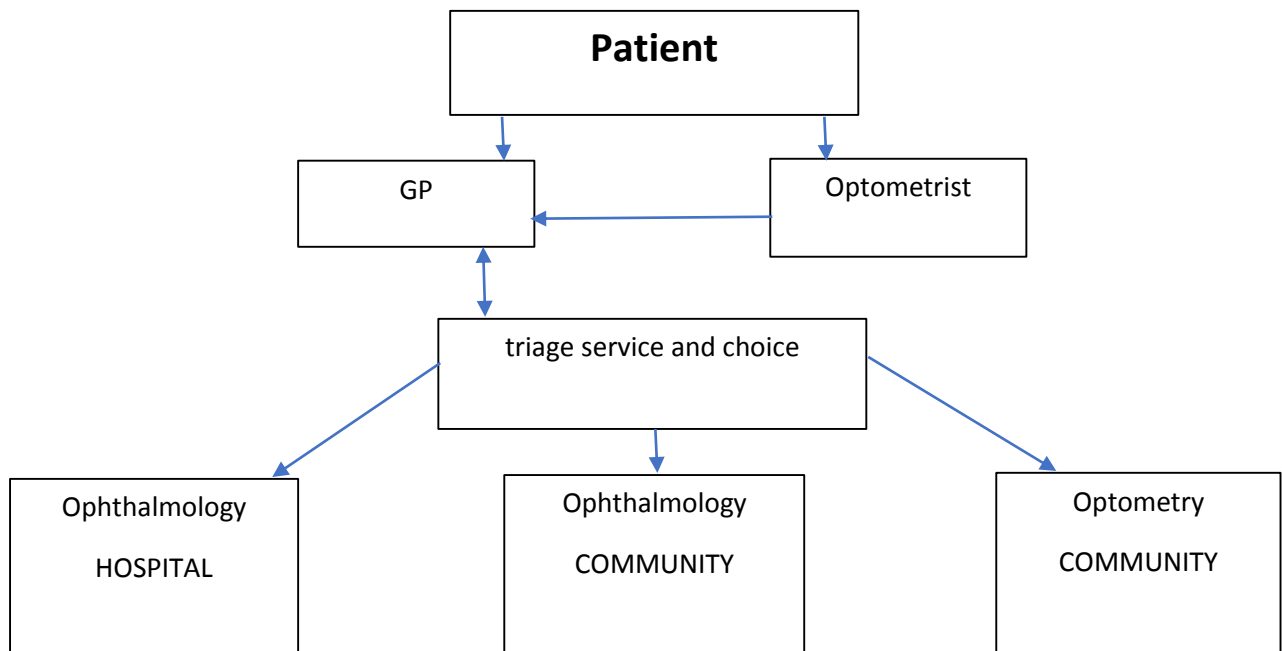
The Local NHS Ophthalmology Referral pathway (GOS18)

Unless following specific or fast track pathways, adult referrals to Ophthalmology in Nottingham and Nottinghamshire follow the GOS 18 pathways, be this by using the NHS provided format or written on your own business letterhead. The GP will add important medical history and forward the referral onwards.

Once received by the NHS referrals are triaged by experienced practitioners to determine where the patient needs to be seen. (Some conditions can be managed in community-based clinics whilst others will need to be seen in hospital-based clinics). It is at this stage that incomplete data can lead to delays as the referral may be returned to the GP for more information or be sent to an inappropriate provider. And also, the degree of urgency for the referral can be reappraised.

Patients will be contacted and offered choice of provider by the NHS wherever possible.

NOTE: Referrals MUST go through the system and not direct to a private provider, unless the patient is private.



Specific Pathways:

Wet AMD:

Mansfield, Ashfield and Newark & Sherwood

All suspect wet AMD referrals should be sent via email from an NHS.net account to

sfh-tr.ppcophthalmology@nhs.net

And a follow up phone call to 01623 672555 – 672354

Nottingham: Make URGENT referral.

If the patient is still with you phone the Macular clinic on 0115 8493353 and a date and time can be agreed with the patient. If patient has left email or send the letter urgently to the Macular clinic.

Email: nuhnt.wet.amd@nhs.net (all emails should be sent from an NHS.net account)

Address: Macular Clinic, B Floor Eye and ENT Building QMC Derby Road Nottingham NG7 2UH

Cataract: All cataract referrals should be made through the GP/GOS18 pathway, please follow local guidelines for treatment thresholds for first and second eye.

Diabetic retinopathy. The diabetic eye screening service detects most cases of proliferative and pre-proliferative retinopathy and diabetic maculopathy but not all. If you are presented with a patient with these conditions make sure that the patient has not already been referred by the local diabetic eye screening programme. If you suspect that the patient has not responded or is not in contact with the local screening programme their GP should be advised accordingly and asked to pass on details.

Private Referrals: The NHS does not process private referrals. Should your patient wish to see a consultant privately please refer directly to the Consultant and copy your letter to the GP for information.