

# Electronic Eyecare Referral System Newsletter

1<sup>st</sup> Edition

## Implementation Update

- 86 practices are now using Cinapsis, the initial feedback has been positive and thank you for working so hard in implementing this new system.
- Over 3,500 referrals processed so far.
- All clinical pathways are available on Cinapsis.
- All referrals are now triaged within 72 hours of being generated on Cinapsis. Improving patient access times.

## Provider Selection

It is important that patients are sent to the correct Single Point of Access (SPoA) based on their GP location. Patient referrals and care could be delayed if they are referred to the wrong place.

In order to support patients being referred to the correct SPoA developments are being introduced in Cinapsis.

- On the blue banner where the patient's information is displayed the GP practice will be included from mid-December.
- Next to the GP practice Cinapsis are hoping to include the ICB name (i.e. Nottingham, Derby, Leicester), there currently isn't a timeframe for this but hopefully in January 2025.

On the LOC website under EeRS Cinapsis, there will be a lookup table available so if it is unclear if the patient should go to EMMS or Health Harmonie you can look up the GP information and it will inform which service should be used.

## Patient Choice

The offer of patient choice has not changed since the introduction of EeRS. Some concerns have been reported of patients not being offered choice or being referred to a treatment provider contrary to that noted on the referral.

The NHS mandate is that informed choice is offered to patients based on services commissioned, location, waiting times and appointment availability. The SPoA's commissioned in N&N (Referral Support Service and Health Harmonie) have access to this information which is why it is their responsibility to discuss choice with patients. The SPoA's make efforts to contact patients but where this is not possible the provider nearest to the patient is used as a default.

It is not expected that Optometric Practices have a choice discussion with patients, however it is recognised patients may bring this up at their appointment. Where a referral is for YAG laser or second eye Cataracts then patients may opt to continue their care with a provider and this is acceptable. A new question is now on the referral form to reflect this choice. For new referrals for a first eye cataract or another condition please do not indicate a provider on the referral form unless there is a specific clinical reason for this. Also please do not refer patients to their GP's asking them to direct refer to particular providers. Providers are not allowed to accept direct referrals which have avoided the SPoA and it is likely patient care will be delayed by not following the agreed commissioned process.

To support the SPoA's to contact patients to offer choice could we ask Optoms to inform patients that they will get a phone call within a week of their referral and encourage them to look out for this call. It could be an unknown number, 0115 or 0121.

Work will continue to ensure concerns regarding patient choice are addressed.

## AMD on EeRS

Referrals for suspected AMD are the only direct referrals to the acute hospitals. Referrals via the EeRS form are processed more quickly than email and patients get more timely access to care. The first month has produced the following results:

	<b>EeRS</b>	<b>Email</b>
Verifying time	1 day	4 days
Referral to 1 <sup>st</sup> appointment	11 days	17 days
Referral to 1 <sup>st</sup> treatment	15 days	18 days

It is encouraged that all referrals are sent via EeRS, where available, to ensure there are not delays to patient care. Please can practices ensure all staff are informed to use EeRS and not email. NUH and SFH will stop accepting email referrals in the New Year from Optometric Practices.

## Important reminders

- If attaching a GOS to EeRS do not send this to the GP practice also. EeRS will send a copy to GP's. Doing this could lead to duplicate referrals.
- Do not send multiple referrals for the same condition. Where the patient has multiple eyecare needs please refer for the one with the highest priority.
- Work is ongoing to look at how optometry practices outside N&N could use Cinapsis, this is expected to be resolved in early January 2025.