

Cinapsis EeRS Updates May 2026

We are continuing to improve the Cinapsis EeRS system and the next system update is due on Monday 1st June 2026

The new logic implemented on the 8th September 2025 means the system automatically displays only the pathways commissioned for the patient dependent on their registered GP practice. In March this logic was extended so that if one of your practices has a patient with a GP practice in the Leicestershire, Derbyshire, or Lincolnshire ICB area you are able to refer them to a suitable provider via Cinapsis EeRS and no longer have to send the referral via the patient's GP practice.

We now look to begin a pilot study for Medical and Diabetic retina patients. This study incorporates some additional mandatory questions within the Cinapsis referral form, which will help the hospital consultants triage patients more effectively. This aims to reduce delays to patient pathways, ensuring they are accurately graded as routine/urgent and are seen in the correct clinic first time. This form, during it's pilot phase, will only be applied to patients registered with a Nottingham City GP practice and would be referred to EMMS via Cinapsis. The section below details the suggested changes/new questions, these are highlighted with a green box.

Diabetic Retina (routine & urgent)

Diabetic Retina Referral

Reason for referral / clinical concern *

Affected Eye *

Type of Diabetes? *

Duration of Diabetes? *

Right R Grade *

Right M Grade *

Right P Grade *

Left R Grade *

Left M Grade *

Left P Grade *

How do you wish to supply the patient's referral information? *

Any previous treatment (laser / injections)? *

Date of examination *

The drop down box options highlighted are displayed below. There is also a link to the .gov website available before entering this form to explain the RMP grading definitions. [NHS Diabetic Eye Screening Programme: grading definitions for referable disease - GOV.UK](https://www.gov.uk/guidance/nhs-diabetic-eye-screening-programme-grading-definitions-for-referable-disease)

Type of Diabetes? *

- Select...
- Type 1
- Type 2

Right R Grade *

- Select...
- R0
- R1
- R2L
- R2H
- R3A
- R3S

Right M Grade *

- Select...
- M0
- M1
- U

Right P Grade *

- Select...
- P0
- P1
- U

Any previous treatment (laser / injections)? *

- Select...
- Yes
- No
- Unknown

Other Medical Retina

This form will now present a number of conditions to select from for reason of referral. Each condition triggers a number of different questions to appear to support with triaging the patients referral. Duration of Symptoms is also requested as part of all conditions.

Other Medical Retina Referral

Important Notes

- For all Macular referrals, including an OCT image (in any format) can be very useful
- Click this link for guidance on MOLES scoring: <https://nottsloc.org.uk/moles-scoring-system>

<p>Does the patient have any of the following? *</p> <ul style="list-style-type: none"> • Suspected wet Age-related Macular degeneration (separate urgent pathway) • Diabetic Retina (separate pathway) • Vitreoretinal conditions: Epiretinal Membrane, Vitreomacular traction, Macular holes, retinal tears, retinoschisis and retinal detachment (separate pathway) • Suspected Choroidal Naevus and a MOLES Score of 3 (Patient should be referred via the urgent suspected cancer pathway) <p>No <input type="button" value="x"/></p>	<p>What other Medical Retina condition is suspected? *</p> <p>Select...</p> <p>Retinal Vein Occlusion</p> <p>Central Serous Chorioretinopathy (CSCR)</p> <p>Choroidal Naevus</p> <p>Unknown</p>	<p>Affected Eye *</p> <p>Select...</p>	<p>Duration of Symptoms? *</p> <p><input type="text"/></p>
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Retinal Vein Occlusion

The below questions are asked if Retinal Vein Occlusion is selected as the suspected condition.

<p>RAPD present? *</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Rubeosis present? *</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Macular Oedema? *</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Type of RVO? *</p> <p><input type="checkbox"/> CRVO <input type="checkbox"/> BRVO <input type="checkbox"/> HRVO <input type="checkbox"/> Unknown</p>	<p>Ischaemic markers? *</p> <p><input type="checkbox"/> Extensive deep retinal haemorrhages</p> <p><input type="checkbox"/> Multiple cotton wool spots <input type="checkbox"/> None</p>
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Central Serous Chorioretinopathy (CSCR)

The below questions are asked if CSCR is selected as the suspected condition.

Symptoms? * <input type="text" value="Select..."/>	Risk factors? * <input type="checkbox"/> Stress <input type="checkbox"/> Steroids <input type="checkbox"/> None	Previous history of CSCR? * <input type="text" value="Select..."/>	Are any of the following present? * <input type="checkbox"/> SRF <input type="checkbox"/> PED <input type="checkbox"/> RPE elevation <input type="checkbox"/> None
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Available drop down options below:

Symptoms? * <input type="text" value="Select..."/> <ul style="list-style-type: none"> Central Blur Micropsia Distortion Other 	Previous history of CSCR? * <input type="text" value="Select..."/> <ul style="list-style-type: none"> Yes No Unknown
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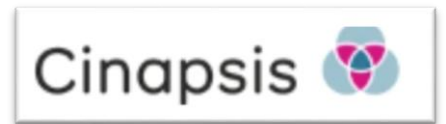
Choroidal Naevus

The below questions are asked if Choroidal Naevus is selected as the suspected condition.

M Score * <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	O Score * <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	L Score * <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	E Score * <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	S Score * <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
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For those unfamiliar with the scoring system, there is now a page to support on the Notts LOC website. [MOLES Scoring System](#) – This hyperlink is also available when you enter the referral form.

Important to note – A MOLES score of 0 should be monitored in the community and not referred. While a score of 3 or higher should be referred via the Urgent Suspected Cancer Pathway (2WW).



The next piece of development to follow will include streamlining the cataract referral pathway. These changes aim to support with pre-screening these referrals based on complexity. We anticipate this will follow later in June 2026.

Thank you again for all of your support since the implementation and use of this new technology in September 2024.