

Directorate of Integrated Care

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To: All Optometrists and Ophthalmic Medical Practitioners

RE: Ophthalmology Referral Pathway - Revised April 2015

Please find enclosed a poster outlining the revised Ophthalmology Referral Pathway. The purpose of this is to provide you with guidance in relation to ophthalmic referrals and the degree of urgency of referral for the conditions noted. It replaces the previous RAES guidance for acute ophthalmology referrals. The guidance has been written for both optometrists and GPs and therefore some of the terminology used is in line with GP protocols. There are several important points which you should note in relation to this guidance.

1. Paediatric Ophthalmology (blue box on poster)

A new service called the Paediatric Ophthalmology Prioritisation Consultation Clinic (POPCC) has been established for children under 16yrs with 'urgent' eye problems except for those listed in the enclosed poster. Children with the conditions listed on the poster should be sent directly to 'Eye Casualty'. You will receive more detailed guidance in the incoming weeks in relation to the type of conditions which are suitable for referral to POPCC. Referrals to POPCC are currently sent electronically from GP practices via secure email link using the Clinical Communications Gateway (CCG) which is the mechanism for electronic referrals from primary care. Optometry do not currently have access to the CCG and hence when you are referring a child with an urgent eye problem to POPCC you should continue to use the GOS 18 referral form and annotate the referral at the top with a clear request that the GP submits the referral via CCG to the POPCC clinic.

The Health and Social Care Board are progressing work to enable Optometrists and Ophthalmic Medical Practitioners in practice to send electronic referrals to secondary care via the CCG. However in the interim, please continue to send **paediatric ophthalmology referrals** via the GP.

2. Local Integrated Care Clinic (green box on poster)

These clinics are located in the Western, Belfast and Northern Trust areas and assess patients with a variety of conditions, including minor non-sight threatening conditions such as those cited on the poster.

If you have a patient who would be appropriate for referral to the local integrated care clinic please refer using the normal route, that is, via the GP using the GOS 18 referral form.

Currently GPs in the Greater Belfast area can refer to one of these clinics (Beech Hall) via the CCG. If you have a patient who resides in the 'Greater Belfast' area with a condition which you feel is appropriate for the Beech Hall Integrated Care Clinic then please annotate your GOS 18 referral at the top with the clear request that the GP submits the referral via CCG to the Beech Hall Integrated Care Clinic.

3. SPEARS accredited practices

Optometrists in the Armagh/Dungannon area who are currently providing the SPEARS service should continue to manage patients with sudden onset eye problems in line with the SPEARS LES protocols and reference the guidance in the poster for patients for whom referral is required.

4. Referral Forms – current recommendations and future initiatives.

The use of the CCG by GPs for Optometry generated referral requires the GP practice to scan the GOS 18 form and any supporting documentation and then submit electronically. When scanning the referral the quality and legibility of the demographic and clinical information is significantly diminished. In order to ensure optimum quality of Optometric referrals the Health and Social Care Board encourage you to type your referrals on the writeable PDF format of the GOS 18 which is hosted on the BSO website at: http://www.hscbusiness.hscni.net/services/2485.htm.

As noted above the Health and Social Care Board are actively progressing work to enable Optometrists and Ophthalmic Medical Practitioners in primary care to generate electronic referrals (eReferrals) and send them to secondary care via the CCG. There are many benefits to eReferral including patient safety, accuracy of pertinent clinical information and a full audit trail for the referral. The Health and social Care Board will keep practitioners fully informed on progress in relation to eReferral in the incoming months.

If you have any queries in relation to the revised ophthalmology referral pathway guidance please contact your optometric clinical adviser in your respective local HSCB office.

Yours sincerely

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