Sent via email

To:

- **General Ophthalmic Services Contractors**

NHS England & Improvement
Wellington House,
133-135 Waterloo Road,
London, SE1 8UG

19th August 2020

All Optometrists working in the NHS England and NHS Improvement (London)

Please ensure letter is circulated within the practice.

Dear Colleagues,

Primary Care Optometry Referral Guidance COVID-19

On 7th April 2020, NHS England and NHS Improvement (London Region) shared with you the Primary Care Optometry Essential and Urgent Eyecare Risk Stratification (COVID-19) Recommendations. The aim of that guidance document was to support primary care optometrists to align their management and referral processes with Hospital Eye Services (HES) during the COVID-19 **delay** phase.

We are now in a different stage of the pandemic and following Simon Steven's letter of 31st July 2020[1], we are now standing down the London Essential and Urgent Risk Stratification COVID 19 referral guidance as routine referral pathways are restored.

However, the impact of COVID lockdown has resulted in a significant backlog of patients (both new and follow up) waiting to be seen. It is therefore important when making a referral, to consider the COVID risk to the patient if in a vulnerable group and risk assess your referral into low, moderate or urgent. This is the same approach the HES will take when receiving a referral, their triage/risk assessment will determine the urgency (and in some cases, rejection) of the referral.

It is therefore important to follow the College of Optometrists guidance on referrals and include all relevant details so that the receiving ophthalmologist can determine the need and urgency of the referral: https://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/working-with-colleagues/referrals/

We are now asking you to familiarise yourselves with your local trusts and commissioners' requirements so that you can manage your patients appropriately.

[1] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf

In addition, practitioners are expected to follow the guiding principles explained below when referring patients to HES.

Eye emergency (same or next day)

Due to hospital requirements for COVID-19 screening, it is necessary for the referring optometrist to contact the local 'on call' ophthalmologist to discuss the referral and arrange for the patient to be seen (often remotely).

Please ensure eye emergency referrals are made to local eye emergency units, and not by default to Moorfields City Road. Moorfields and many other eye emergency units are managing emergency presentations by remote consultation in the first instance, thereby, avoiding the need for the patient to attend in person. The contact telephone numbers shared during lockdown are not to be given to the patient to make arrangements but are emergency lines solely for the optometrist to contact hospital clinicians.

The latest version of the *Directory of Ophthalmology Service Provision in London During COVID-19* can be accessed on the Outpatients Transformation Page hosted on the Future Collaborations Platform.

Routine

There is a large backlog of patients waiting to be seen for an outpatient appointment, as only emergency/ urgent eye care was prioritised during lockdown This backlog also applies to cataract surgery which was suspended and is just restarting.

Cataract

Please follow NICE [NG77] https://www.nice.org.uk/guidance/ng77 and London Choosing Wisely cataract guidance. https://www.healthylondon.org/wp-content/uploads/2018/10/Appendix-9a-Cataract-Surgery-Policy.pdf

NICE guideline [NG77] states:

- Base the decision to refer a person with cataract for surgery on a discussion with them (and their family member or carer, as appropriate) that includes:
  - How the cataract affects the person's vision and quality of life
  - Whether one or both eyes are affected
  - What cataract surgery involves, including possible risks and benefits
  - How the person's quality of life may be affected if they choose not to have cataract surgery
  - Whether the person wants to have cataract surgery

  AND

- Do not restrict access to cataract surgery on the basis of visual acuity

For all patients with symptomatic cataract a discussion as per NICE guidelines must take place prior to referral.

Please do not refer for cataract which is asymptomatic; where quality of life is not significantly affected; or if patient does not want surgery.

Age Related Macular Degeneration (AMD):

Please refer in accordance to NICE [NG82] guideline
https://www.nice.org.uk/guidance/NG82

Key points to note are:

- Do not refer people with asymptomatic **early AMD** to hospital eye services for further diagnostic tests
- Refer people with **late AMD (dry)** to hospital eye services only:
  - For certification of sight impairment or
  - If this is how people access low-vision services in the local pathway or
  - If they develop new visual symptoms that may suggest late AMD (wet active) or
  - If it would help them to participate in research into new treatments for late AMD (dry)
- Make an urgent referral for people with suspected **late AMD (wet active)** to a **macula service,** whether or not they report any visual impairment. The referral should normally be made **within one working day** but does not need emergency referral.

Suspect OHT/ Glaucoma:

Please consider NICE [NG81] guideline when considering a referral:
https://www.nice.org.uk/guidance/ng81
In addition, the College of Optometrist's guideline states: *It is good practice to follow up equivocal results from non-contact tonometry with contact applanation tonometry. If you are using non-contact tonometry, before considering referral you should take four readings per eye and use the mean as the result. In the absence of other signs of glaucoma, you should refer the patient for further assessment only when the mean is 24mmHg or above. You should advise people with IOP below 24mmHg to continue with their routine eye examinations*

Do not refer on single borderline suspect readings and if a referral filtering/ enhanced case finding service is commissioned locally refer to this service in the first instance.

Diabetic retinopathy:

Please do not refer to ophthalmology for background retinopathy R1M0. Make sure the patient is under local diabetic eye screening programme.

Paediatric referrals:

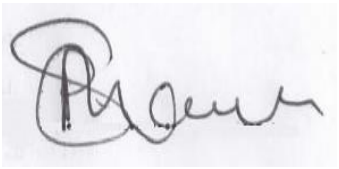
Please consider prescribing for refractive amblyopia and reviewing visual acuity.

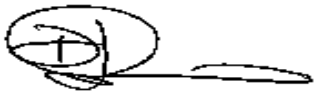
Acute symptoms:

Please consider referring patients with acute symptoms to Minor Eye Condition Services (MECS) or Covid-19 Urgent Eye Care Services (CUES) practitioners in the first instance, where locally commissioned.

Finally, the London region is working with the Getting it Right First Time Ophthalmology and the national ophthalmology outpatient transformation team, as well as other stakeholders in developing new referral pathways to assist HES to address the backlog. We hope to be able to share more information in the coming months.

Thank you for your co-operation.





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