Guidance for Community Optometrists Referring Patients to the Norfolk & Norwich University Hospitals NHS Foundation Trust (NNUH)

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20	Nov 2023	Consultant Optometrist	Personnel changes Addition of SI & SSI definitions (appendix B) Removal of COVID period recommendations Updated email for communications to support telephone referrals to OERS Updated address & email for cataract referral centres Replace CCG with ICB

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None	Not applicable

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

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Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a guideline applicable to Norfolk and Waveney Community Optometrists please refer to local Trust's procedural documents for further guidance.

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Guidance for Community Optometrists Referring Patients to the Norfolk & Norwich University Hospitals NHS Foundation Trust (NNUH)

1. Introduction

1.1. Rationale

A guide for community optometrists referring patients to the Norfolk & Norwich University Hospitals NHS Foundation Trust (NNUH).

1.2. Objective

The objective of the guideline is to:

- Outline the referral process for community optometrists referring patients to the NNUH.

1.3. Scope

Optometrists are responsible for initiating the majority of referrals into the Hospital Eye Service. The responsibility as to whether to refer the patient; and if so, with what level of urgency rests with the optometrist. When making this decision, the optometrist must consider all relevant national and local guidance/legislation including the College of Optometrists' Guidance for Professional Practice[1,2], the General Optical Council's rules relating to injury or disease of the eye 1999[3], the General Ophthalmic Services Regulations 2008[4], and the Opticians Act 1989[5].

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
AMD	Age-related Macular Degeneration
AS-OCT	Anterior Segment Optical Coherence Tomography
BIO	Binocular Indirect Ophthalmoscopy
CUES	COVID Urgent Eyecare Service
FAF	Fundus Auto-Fluorescence
IFR	Individual Funding Request
ICB	Independent Commissioning Board
IOP	Intraocular Pressure
ITC	Irido-Trabecular Contact
GOS	General Ophthalmic Service
LMC	Local Medical Committee
LOC	Local Optical Committee
NICE	National Institute for Health & Care Excellence
NNUH	Norfolk and Norwich University Hospital
OCT	Optical Coherence Tomography
OCT-EDI	Optical Coherence Tomography with Enhanced Depth Imaging
OERS	Ophthalmic Emergency Referral Service (Eye Casualty)
OHT	Ocular Hypertension
OPERA	The electronic referral management system used in the CUES scheme
PAS	Peripheral Anterior Synechiae
PCO	Posterior Capsular Opacification
RNFL-OCT	Retinal Nerve Fibre Layer Optical Coherence Tomography

2. Responsibilities

The author (Head of Optometry Department) is responsible for reviewing and updating the document.

3. Processes to be followed

3.1. Sending Referrals via Email:

- Referrals must only be sent from NHSmail accounts (i.e. addresses ending '@nhs.net')
- ONE referral only per email as an attachment (do not write the referral within the email)
- Include any relevant images attached as a separate file (do not copy images into the body of the email)
- Email subject line: 'Optometrist Referral ROUTINE' or 'Optometrist Referral URGENT'
- Copy direct email referrals to the GP practice email (except for cataract referrals). GP Practice email addresses can be obtained from the 'Knowledge Anglia' website (see Table 2).
- GP copies should be clearly marked 'GP copy for information only'
- Avoid using the patient's name in the email text (initials with/without NHS number is OK)
- Electronic documents are preferred (rather than scanned hand-written documents).
- Illegible and/or incomplete referrals will be rejected
- Include your practice name/location in the referral itself if you wish to receive a reply

3.2. Including clinical images with referrals

IMPORTANT: We cannot overemphasise the importance of sending the results of relevant ophthalmic imaging tests with your referral wherever possible. Access to appropriate images can allow urgent cases to be expedited, can help avoid wasting urgent appointments for non-urgent cases and can avoid unnecessary hospital attendances for many patients[6]. We appreciate that ophthalmic imaging is not covered by GOS but would encourage their use for appropriate cases.

Preferred imaging modality by case type
Tip: In general, 3D OCT imaging is less useful than multiple selected 2D OCT slices

Retinal, macular or vitreoretinal abnormalities:

- One or more 2D OCT slices through the abnormal area(s)
- Colour fundus photograph

Pigmented lesions / suspect neoplasia:

- Colour fundus photograph
- One or more 2D OCT slices through the abnormal area with thickness calliper data shown if possible (OCT EDI is preferred over standard OCT)
- FAF covering the abnormal area

Suspect glaucoma:

- AS-OCT for suspected narrow angles
- RNFL-OCT for suspected open angle glaucoma (circular scan around the disc)
- Optic disc images

3.3. Referral Urgency

The responsibility for selecting an appropriate degree of urgency sits with the referring optometrist. The College of Optometrists has issued guidance on referrals and their relative urgency.[1,2]

Table 1 - NNUH Referral Urgency Definitions:

Urgency	To be seen	Method
Emergency	Within 24 hours	Call OERS or NNUH switchboard (see below)
Urgent	Within two weeks	Email as below clearly marked 'URGENT'
Routine	In turn	Via patient's GP via email*

* See 'Condition-specific Referral Guidance' below for exceptions

3.3.1. EMERGENCY Referrals

The eye clinic does NOT have a walk-in emergency service.
Patients attending as an emergency without an appointment will be redirected to the main Accident & Emergency Department. This will typically result in an exceptionally long delay for the patient. Please do not refer Ophthalmic Emergencies to the main Accident & Emergency Department.

Where an appointment within 24 hours is indicated, the Optometrist should call the hospital's Ophthalmic Emergency Referral Service (OERS) on **Tel: 01603 287787**.

OERS opening times:
9.00am and 4.30pm (Monday to Saturday)
9.00am and 12.30pm (Sunday)

The telephone line is manned by specialist nursing staff who will be able to provide advice and arrange a same day, or next day appointment where appropriate.

NB If you are unable to get through OERS by telephone, then call the hospital's main switchboard on **Tel: 01603 286286** and ask to speak to the on-call ophthalmologist who will be able to advise.

The patient is to be provided with a referral letter outlining the reason for the referral along with a summary of any relevant clinical information. Alternatively, your referral letter may be emailed to:

eyeclinic@nnuh.nhs.uk (NHSmail only & ONE referral only per email)

You must only email your referral letter once you have contacted OERS by phone and an appointment has been arranged for your patient. Include the date & time of the appointment in your email, along with the patient's initials and their hospital or NHS number if available. You must also inform the patient's General Practitioner (GP) of the referral.

For emergencies presenting outside these hours, the Optometrist should call the hospital's main switchboard on **Tel: 01603 286286** and ask to speak to the on-call ophthalmologist who will be able to advise.

NB: As and when a referral management service is created for referrals sent via the OPERA referral system, this guidance will be amended.

3.3.2. URGENT Referrals

Urgent referrals (as defined in Table 1) must be emailed, with a subject line of 'Optometrist Referral URGENT', direct to:

OPServicesPostTeam@nnuh.nhs.uk (NHSmail only & ONE referral only per email)

Letters must also include the word 'URGENT' at the top. Please include as much relevant clinical information as possible to help the ophthalmologist reviewing the referral to prioritise the referral appropriately. Imaging result should be attached to the referral. The emailed referral is to be copied to the patient's GP practice (see Table 2). If the GP copy is sent by post, it should be made clear that this is for information only.

3.3.3. ROUTINE Referrals

Routine referrals (as defined above) must be emailed, with a subject line of 'Optometrist Referral ROUTINE', direct to:

OPServicesPostTeam@nnuh.nhs.uk (NHSmail only & ONE referral only per email)

Letters must also include the word 'ROUTINE' at the top. Please include as much relevant clinical information as possible to help the ophthalmologist reviewing the referral to prioritise the referral appropriately. Imaging result should be attached to the referral. The emailed referral is to be copied to the patient's GP practice (see Table 2). If the GP copy is sent by post, it should be made clear that this is for information only.

3.4. Condition-Specific Referral Guidance

There follows specific referral guidance related to the following common case types:

- Patients presenting with flashes and floaters
- Suspected Wet Age-related Macular Degeneration
- Suspected Glaucoma & Ocular Hypertension
- Cataract
- Posterior Capsular Opacification

For all referrals not falling into the categories above, the referral is to be emailed via the patient's GP (see Table 2).

3.4.1. Patients presenting with flashes & floaters (inc' non-VR causes)

Patients presenting with new flashes and/or floaters should be referred to the Ophthalmic Emergency Referral Service (OERS) as an emergency if there are signs or symptoms of sight threatening disease. This is to include:

- Fundoscopic signs of retinal detachment and/or retinal/vitreous haemorrhage
- Retinal break(s)
- Visual field loss with reduced visual acuity
- Precipitating ocular trauma
- Personal history of retinal detachment / only seeing eye
- Other ocular disease of acute onset such as retinal/ocular inflammation or giant cell arteritis

NB Non-ocular disease such as suspected transient ischaemic attacks or strokes should be referred directly to A+E

Patients with new flashes and floaters should be considered for urgent referral to the flashes and floaters clinic if there are no features requiring an emergency referral and the patient is at risk of ophthalmic or non-ophthalmic disease. These risks include:

- Extensive lattice / peripheral degeneration
- Tobacco dust in the vitreous (positive Shafer's sign) with an otherwise normal examination
- Moderate / high myopia
- Recent cataract surgery
- Persistent or progressive symptoms
- Family history of retinal detachment (first degree relative)

Patients with flashes and/or floaters may be managed in community optometric practice if ALL of the following apply:

- Symptoms are improving or have resolved
- Visual acuity is normal
- Visual field is normal
- There is a posterior vitreous detachment
- The patient has been examined by an experienced ophthalmic practitioner
- The patient is counselled as to what to do if they notice any change in their symptoms. It is preferable for the patient to be given printed information to supplement your verbal advice. The College of Optometrists has a patient leaflet on flashes and floaters (www.college-optometrists.org).

NB Emergency referrals to OERS must be made by telephone (see under 'Referral Urgency' above and Appendix A for more detail).

3.4.2. Wet Age-related Macular Degeneration (AMD)

NICE recommends that cases of suspect wet AMD should be referred within one day via an agreed AMD pathway[7]. The referral should not be given 'emergency' status[8]. A dedicated referral form has been developed and can be downloaded from the NNUH website (see Table 3). An electronic version is available. Where the optometrist suspects active wet AMD, they should email the completed referral form to:

OPServicesPostTeam@nnuh.nhs.uk (NHSmail only & ONE referral only per email)

If the dedicated rapid access referral form is not used, the letter **must** make it clear that an urgent retinal clinic appointment is required for suspect wet AMD. The patient's GP should be informed of the referral. Please do not use the suspect wet AMD referral form for any conditions other than suspected wet AMD.

Please capture and send with your referral OCT imaging and fundus photographs wherever possible (see page 4).

3.4.3. Glaucoma & Ocular Hypertension (OHT)

Acute Angle Closure Glaucoma

Suspected **acute angle closure glaucoma**, must be referred as an Emergency (see above).

Primary Angle Closure Suspects (formerly 'Narrow Anterior Chamber Angles')

The Royal College of Ophthalmologists issued new guidance on the management of patients with narrow anterior chamber angles in June 2022[9].

In response, the College of Optometrists have revised their Clinical Management Guidelines accordingly[10]. Eyes are classified as 'Primary Angle Closure Suspect' (PACS) if they have a limbal AC depth less than 25% of limbal corneal thickness (or ITC confirmed on anterior segment OCT) but NO elevation of IOP. If elevated IOP is present (or PAS have been seen), the eye is classified as 'Primary Angle Closure' and should be referred.

Eyes with PACS should now only be referred to an ophthalmologist if at least one of the 'PLUS' factors in Table 2 below apply. Such eyes are described as having 'PACS-PLUS' status.

Table 2. 'PLUS' factors which should trigger referral for cases of PACS[9,10].

• People with only one 'good eye' • Vulnerable adults who may not report ocular or vision symptoms • Family history of significant angle closure disease • High hypermetropia (> + 6.00 dioptres)	• Those using antidepressants or medication with an anticholinergic action (see http://www.acbcalc.com/ for details of drugs with anticholinergic properties) • People living in remote locations

• Diabetes or another condition necessitating regular pupil dilatation	where rapid access to emergency ophthalmic care is not possible

Important: As a local variation to the RCOphth guidance, NNUH will also accept referrals for PACS who have symptoms consistent with primary angle closure.

Referrals for eyes meeting the criteria for PACS but with neither 'plus' factors nor symptoms will be rejected back to the community optometrist for annual monitoring.

Suspected Glaucoma / Ocular hypertension
For patients registered with a GP located Norwich, North Norfolk, South Norfolk or Gt Yarmouth and Waveney referrals for suspected OHT will no longer be accepted unless they have been refined via the ICB-commissioned repeat-measures scheme (see www.loc-online.co.uk/norfolkandwaveney-loc/ for more information).
If you are involved in a ICB-commissioned scheme, you must follow the appropriate guidance for that scheme. Otherwise, all non-emergency referrals for suspect glaucoma should be made using the current NNUH Suspect Glaucoma Referral Form (revised July 2022) and emailed to OPServicesPostTeam@nnuh.nhs.uk. A copy is to be sent to the patient's GP. The referral form is available for download from the LOC website (see below) along with an electronic version.

NB: From NICE Guidance NG81 (Nov 2017):

- Referrals for raised IOP without other signs of glaucoma should only be made for IOPs=24mmHg and where the IOP level has been confirmed by Goldmann tonometry[8].
- Patients previously discharged by the glaucoma clinic should only be re-referred where the clinical circumstances have changed, and a new referral is fully justified[8].

CAUTION: The risk of over-reliance on OCT/RNFL imaging in the diagnosis of glaucoma

The diagnostic performance of imaging devices is generally measured in terms of sensitivity (the % of glaucomas correctly identified as glaucoma) and specificity (the % of normals correctly identified as normal). Typical figures for OCT disc/RNFL imaging devices in the detection of glaucoma are around 80% and 90% respectively. This means that **if you refer patients purely on the basis of an isolated abnormal OCT/RNFL imaging result**, only around 8% of those patients will be found to have glaucoma. As such, **your false-positive referral rate will be more than 90%** (i.e. for every 10 patients that you refer, only 1 will actually be found to have glaucoma).

We would therefore advise that you only use an isolated abnormal OCT disc/RNFL result as a flag to pay close attention to the optic disc appearance, visual field and IOP, and only refer if there are other abnormal findings. By contrast, evidence of change at the disc/RNFL on **repeated OCT imaging over time** should be considered as **highly suspicious** and should impact your decision as to whether to refer accordingly.

3.4.4. Cataract

These referrals are to be posted to the appropriate Cataract Referral Service for your area (see below for address). Please do NOT send a copy of the referral to the GP as the referral centre will do this. Referrals to the Central Norfolk Cataract Referral Service may now be sent via email (see Table 3). At the time of referral, patients should be provided with a leaflet featuring information about the operation and who may provide it. These leaflets are available from the Cataract Referral Service for your area. Information on the current ICB threshold for cataract surgery can be found on the Knowledge Anglia website (see Table 2 below for more information)

Central Norfolk Cataract Referral Service
South Norfolk Healthcare CIC
The Chapel, Keswick Hall
Norwich, NR4 6TJ
E: nwicb.snh@nhs.net
W: www.snhcic.org.uk

West Norfolk NHS Referral Support Service
Kings Court, Chapel Street,
King's Lynn, Norfolk
PE30 1EL
T: 01553 667 420
E: nwicb.wnophthalmology@nhs.net

3.4.5. Posterior Capsular Opacification (PCO) following cataract surgery

Referrals for PCO may be emailed to:

OPServicesPostTeam@nnuh.nhs.uk (NHSmail only & ONE referral per email)

The NNUH Posterior Capsular Opacification direct referral form has been revised and is available for download from the NNUH website (see Table 3).

3.5. Non-routine procedures and clinical threshold policies

Certain clinical procedures are not automatically funded by the commissioner. These fall into two groups:

a) **Non-routine procedures**

These are treatments (e.g. laser refractive surgery) are not normally funded. Where the provider considers that there are exceptional grounds for a particular patient to have the treatment funded, an Individual Funding Request (IFR) must be submitted by the provider to the ICB.

b) **Threshold procedures**

These are treatments that will be automatically funded providing certain thresholds are met. If the threshold is not met, an IFR must be submitted by the provider.

Ophthalmic Threshold Procedures:

- Cataract surgery
- Chalazion
- Corneal Collagen Crosslinking (for keratoconus)
- Eyelid – removal of redundant skin (blepharochalasis)
- Eyelid – ectropion (NB entropion repair is funded routinely)
- Eyelid – ptosis

Optometrists referring patients with these conditions should be familiar with the relevant threshold to avoid the unnecessary referral of patients who are not eligible for treatment.

The thresholds for each condition plus any exemptions (e.g. for cataract surgery) are listed on the Knowledge Anglia website (see Table 3 for details).

Table 2 – Important Contacts: Summary

Location	Tel / Email / Internet	Purpose
Ophthalmic Emergency Referral Service (OERS)	T: 01603 287 787 E: eyeclinic@nnuh.nhs.uk	Emergencies requiring assessment within 24 hours
NNUH Switchboard	T: 01603 286286	Emergencies requiring assessment out of 'office hours'
NNUH Outpatient Bookings	E: OPServicesPostTeam@nnuh.nhs.uk T: 01603 286 689	All non-emergency direct referrals to NNUH (including Suspect Wet-AMD)
Knowledge Anglia Website	www.knowledgeanglia.nhs.uk * Click on the ICB area, then selected 'Providers / Services' & 'GP and Practice Manager Contacts',	GP Practice Email Addresses
*Access to the Knowledge Anglia Website requires you to register for a password. Go to their website and click 'Register' at the top right. Use your nhs.net email address to register		

In the unlikely event of needing to send a referral to the hospital via standard post, the address is: Outpatient Booking Services, 20 Rouen Road, Level 3, Norwich, NR1 1QQ

Table 3 Useful websites

College of Optometrists Guidance for Professional Practice	Home - College of Optometrists (college-optometrists.org)
NICE	www.nice.org.uk
Norfolk and Waveney LOC	www.loc-online.co.uk/norfolkandwaveney-loc/
N&W LOC Forms, lists, downloads (for referral forms)	www.loc-online.co.uk/norfolkandwaveney-loc/members/forms-downloads/
Norfolk and Norwich University Hospitals NHS FT	www.nnuh.nhs.uk
NNUH 'Community Optometrists' Page (for referral guidance)	www.nnuh.nhs.uk/departments/eye-department/for-community-optometrists/
Knowledge Anglia Website (For local clinical threshold policies for ophthalmic conditions)	www.knowledgeanglia.nhs.uk * (selected the area followed by 'Clinical Thresholds Policy)
*Access to the Knowledge Anglia Website requires you to register for a password. Go to their website and click 'Register' at the top right. Use your nhs.net email address to register.	

4. References

1. Guidance for Professional Practice Sections A119-123 and C188-216; 'Referral'; College of Optometrists. [Accessed 15/06/2022]
2. Guidance for Professional Practice Annex 4 'Urgency of Referrals'; College of Optometrists. www.college-optometrists.org/clinical-guidance/guidance/guidance-annexes/annex-4-urgency-of-referrals-table
3. [Accessed 19/02/2024]
4. Rules relating to Injury or Disease of the Eye, 1999. General Optical Council. www.legislation.gov.uk/uksi/1999/3267/made
5. [Accessed 19/02/2024]
6. General Ophthalmic Services Contracts Regulations 2008 (S.I. 2008/1185)
7. The Opticians Act 1989 www.legislation.gov.uk/ukpga/1989/44/contents [Accessed 19/02/2024]
8. Cameron JR, Ahmed S et al. Impact of direct electronic optometric referral with ocular imaging to a hospital eye service. Eye (Lond) 2009 May;23(5):1134-40.
9. NICE Guideline NG82 ARMD. NICE. January 2018 www.nice.org.uk/guidance/ng82 [Accessed 19/02/2024]
10. NICE Guideline Glaucoma, College of Optometrists Member Briefing, October 2017 www.college-optometrists.org/clinical-guidance/supplementary-guidance/member-briefing-nice-guideline-glaucoma-diagnosis [Accessed 19/02/2024]
11. Royal College of Ophthalmologists Guideline on the Management of Angle Closure Glaucoma June 2022 www.rcophth.ac.uk/resources-listing/management-of-angle-closure-glaucoma-guideline/ [Accessed 19/02/2024]
12. College of Optometrists Clinical Management Guidelines on Primary Angle Closure / Primary Angle Closure Glaucoma. [Published 27/06/2022,

Accessed 19/02/2024 (members only)]: www.college-optometrists.org/clinical-guidance/clinical-management-guidelines/primaryangleclosure_primaryangleclosureglaucoma_pa

5. Appendices

Appendix A – Referral Overview

Optometrist Initiated Referrals to the Norfolk & Norwich University Hospitals (NNUH) Summary of Referral Routes

Urgency	Referral Route		
Emergency (within 24 hours)	Monday to Saturday 9.30am to 4.30pm: Sunday 9.00am to 12.30pm:	Call OERS* on **Tel: 01603 287787**	Supporting letter with patient or to: eyeclinic@nnuh.nhs.uk #
	All other times (or if you are unable to get through to OERS* via telephone): Call NNUH Switchboard on **Tel: 01603 286286** & ask for the 'on-call ophthalmologist'		
Urgent (within two weeks)	Email Referral Form / Letter to: OPServicesPostTeam@nnuh.nhs.uk # (Subject Line: 'Optometrist Referral URGENT') NB Copy email to the patient's GP surgery (see Important Contacts above)		
Routine (in turn)	Send GOS18 or typed letter to patient's General Practitioner (Note the condition-specific exceptions below)		

*Ophthalmic Emergency Referral Service

Condition-Specific Referral Guidance:

Condition	Referral Route	Referral Form (please use the current version)
Wet ARMD	E: OPServicesPostTeam@nnuh.nhs.uk # (Subject Line: 'Optometrist Referral URGENT')	Fast Track Wet ARMD Referral Form˜. (2019 Version) NB Send a copy to the patient's GP surgery
Glaucoma	E: OPServicesPostTeam@nnuh.nhs.uk # (Subject Line: 'Optometrist Referral ROUTINE')	NNUH Suspect Glaucoma Referral Form˜. (2022 Version) NB Send a copy to the patient's GP surgery
Cataract	Send to your local Cataract Referral Service #: **Central Norfolk Cataract Referral Service:** nwicb.snh@nhs.net or The Chapel, Keswick Hall, Norwich, NR4 6TJ **West Norfolk Cataract Referral Service:** nwicb.wnophthalmology@nhs.net or Kings Court, Chapel Street, King's Lynn, Norfolk, PE30 1EL	Norfolk Cataract Referral Form˜. Use electronic version if sending referral via email˜. NB Do NOT Send a copy to the patient's GP surgery as the referral centre will inform the GP

Referral forms available at: www.loc-online.co.uk/norfolkandwaveney-loc/members/forms-downloads/

What are the criteria for registration?

The following tables summarise the criteria for Sight Impaired and Severely Sight Impaired registration. However, the groupings below should be used for guidance purposes only as it is ultimately a matter of professional judgement for the certifying consultant ophthalmologist as to how the person's vision loss impairs their day-to-day activities and ability to function.

NB The Acuity measures and Visual Field descriptions below refer to the 'both eyes open' situation and with optimal refractive correction where relevant.

Eligibility for 'Severely Sight Impaired' Registration (SSI)

Group	Visual Acuity	Visual Field
1	Less than 3/60	Full
2	Less than 6/60	Contracted
3	6/60 or better	Significant contraction which is impairing function*

* such as significant reduction of inferior visual field or hemianopia

Eligibility for 'Sight Impaired' Registration (SI)

Group	Visual Acuity	Visual Field
1	3/60 to 6/60	Full
2	6/60 to 6/24	Moderate contraction
3	6/18 or better	Marked defect (e.g. hemianopia)

For further guidance on eligibility search the internet for 'CVI explanatory notes' or go to:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/637590/CVI_guidance.pdf

What are the benefits of registration?

Being registered can make it easier for patients to access the help and support available to them. There are certain concessions available to those who are registered. Being registered does not automatically entitle the patient to any benefits, but it may help them show how serious their sight loss is when making a claim for certain benefits. Registration also benefits society as knowing how many visually impaired people there are, and what eye problems they have can help plan services for the future.