The Art of Referral

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What does go on behind those net curtains?

Background

- College of Optometrists Guidance Committee
- College of Optometrists Examiner
- GOC Disciplinary Committee
- GOC Education Committee
- Expert Witness

General Optical Council

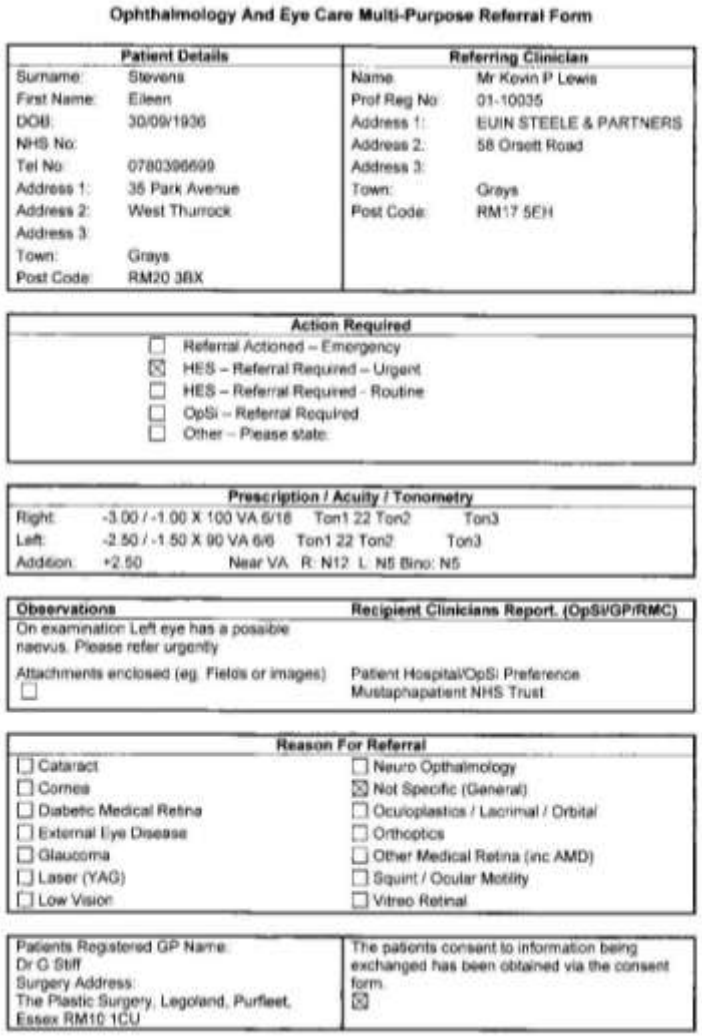
What is the aim of referral?

- To investigate signs/symptoms
- To confirm diagnosis
- To arrange treatment for the patient with the most appropriate specialist

To undertake the above in the best way practicable for the patient without undue delay

"I'd say your vision is being affected by an arrow through your head, but perhaps you'd like to get a second opinion from an eye specialist."

Reasons for referral delay



Ophthalmology And Eye Care Multi-Purpose Referral Form

Patient Details		Referring Clinician	
Surname:	Stevens	Name:	Mr Kevin P Lewis
First Name:	Eileen	Prof Reg No:	01-10035
DOB:	30/09/1936	Address 1:	EUIN STEELE & PARTNERS
NHS No:		Address 2:	58 Orsett Road
Tel No:	0780396699	Address 3:	
Address 1:	35 Park Avenue	Town:	Grays
Address 2:	West Thurrock	Post Code:	RM17 5EH
Address 3:			
Town:	Grays		
Post Code:	RM20 3BX		

Action Required

- ☐ Referral Actioned – Emergency
- ☒ HES – Referral Required – Urgent
- ☐ HES – Referral Required - Routine
- ☐ OpSi – Referral Required
- ☐ Other – Please state:

Prescription / Acuity / Tonometry

Right:	-3.00 / -1.00 X 100 VA 6/18	Ton1 22	Ton2	Ton3
Left:	-2.50 / -1.50 X 90 VA 6/6	Ton1 22	Ton2	Ton3
Addition:	+2.50	Near VA: R: N12	L: N5	Binc: N5

Observations	Recipient Clinicians Report. (OpSi/GP/RMC)
On examination Left eye has a possible naevus. Please refer urgently	
Attachments enclosed (eg. Fields or images) ☐	Patient Hospital/OpSi Preference Mustaphapatient NHS Trust

Reason For Referral

☐ Cataract	☐ Neuro Opthalmology
☐ Cornea	☒ Not Specific (General)
☐ Diabetic Medical Retina	☐ Oculoplastics / Lacrimal / Orbital
☐ External Eye Disease	☐ Orthoptics
☐ Glaucoma	☐ Other Medical Retina (inc AMD)
☐ Laser (YAG)	☐ Squint / Ocular Motility
☐ Low Vision	☐ Vitreo Retinal

Patients Registered GP Name: Dr G Stiff Surgery Address: The Plastic Surgery, Legoland, Purfleet, Essex RM10 1CU	The patients consent to information being exchanged has been obtained via the consent form. ☒

- Incorrect/illegible patient data on referral letter
- Incorrect or no speed of referral indicated
- Incorrect referral pathway
- Incomplete clinical information
- Poor communication to the patient

Homework Time!

- Spelling check
- Date of birth
- Address
- GP Name/Practice
- Daytime telephone number
- Speed of referral
- Possible diagnosis

GOC: The Rules relating to Injury or Disease of the Eye 1999

- Revoked 1960 rules
- Optometrist/DO shall refer a patient suffering an injury or disease of the eye to a registered medical practitioner unless there is no justification to do so or it is inexpedient or impracticable to do so
- Optometrist/DO may refer to a non-medically registered practitioner if they deem it appropriate

GOC: The Rules relating to Injury or Disease of the Eye 1999

If you feel there is no justification for referring the patient you MUST:

- Record sufficient details of the condition to identify it clearly
- Reason for not referring
- Details of any advice or action given

College of Optometrists Guidance

D9 Urgency of optometric referrals

Guideline

D9.01 If an optometrist refers a patient, they have a duty to refer with an appropriate degree of urgency.

D10 Referrals/notifications

Guideline

D10.01 During the course of professional practice, the optometrist has a duty to refer the patient for appropriate ongoing clinical care and/or management whenever s/he observes a sign or symptom of a condition that cannot be managed within his/her competence and scope of practice, whether the observation is made during the eye examination or at any other time in the course of practice.

GOC Code of Conduct

1.Make the care of the patient your first and continuing concern;

5. Give patients information in a way they can understand and make them aware of the options available; on the issue of patient consent, be aware of and comply with the guidance published by the professional bodies;

6. Maintain adequate patients' records;

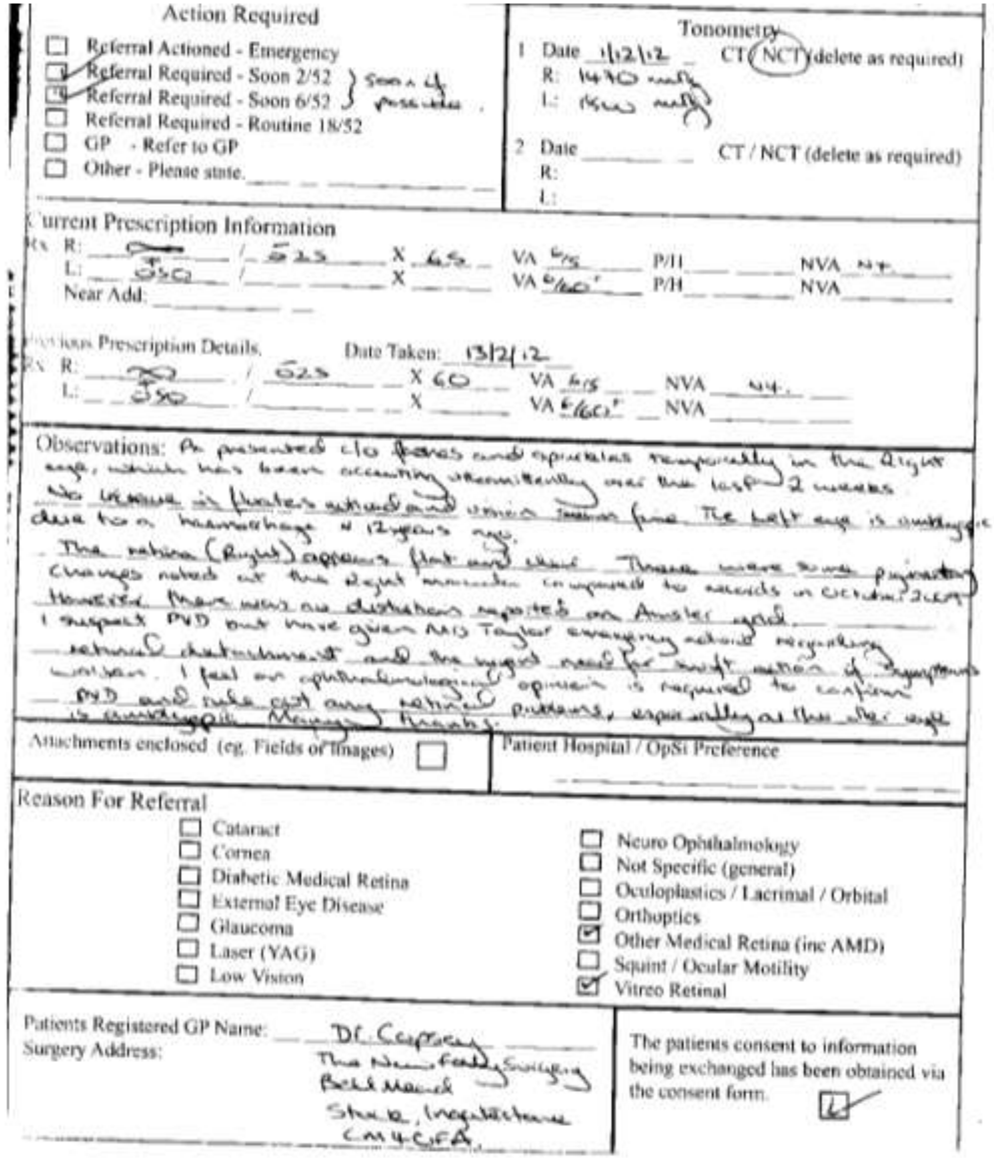
7. Respect the rights of patients to be fully involved in decisions about their care;

12. Respect and protect confidential information;

16. Work with colleagues in the ways that best serve patients' interests;

What do I write?

- Use bullet poi
- No essay
- Symptoms
- Signs
- Relevant histo
- Possible diagn


Action Required

- ☐ Referral Actioned - Emergency
- ☐ Referral Required - Soon 2/52 } Soon as possible
- ☒ Referral Required - Soon 6/52
- ☐ Referral Required - Routine 18/52
- ☐ GP - Refer to GP
- ☐ Other - Please state.

Tonometry

1 Date 1/2/12 CT / NCT (delete as required)
R: 14:40 [illegible]
L: [illegible]

2 Date CT / NCT (delete as required)
R:
L:

Current Prescription Information

Rx R: [illegible] / -5.25 X 65 VA 6/5 P/H NVA N4
L: -3.50 / X VA 6/60 P/H NVA
Near Add:

Previous Prescription Details. Date Taken: 13/2/12

Rx R: [illegible] / -5.25 X 60 VA 6/5 NVA N4.
L: -3.50 / X VA 6/60 NVA

Observations: Pt presented c/o flashes and sparkles temporally in the right eye, which has been occurring intermittently over the last 2 weeks. No increase in floaters noticed and vision seems fine. The left eye is amblyopic due to a haemorrhage [illegible] 12 years ago.
The retina (Right) appears flat and clear. There were some pigmentary changes noted at the right macula compared to records in October 2009. However there was no distortion reported on Amsler grid.
I suspect PVD but have given Mrs Taylor emergency advice regarding retinal detachment and the urgent need for swift action if symptoms worsen. I feel an ophthalmological opinion is required to confirm PVD and rule out any retinal problems, especially as the other eye is amblyopic. Many thanks.

Attachments enclosed (eg. Fields or Images) ☐

Patient Hospital / OpSi Preference

Reason For Referral

- ☐ Cataract
- ☐ Cornea
- ☐ Diabetic Medical Retina
- ☐ External Eye Disease
- ☐ Glaucoma
- ☐ Laser (YAG)
- ☐ Low Vision
- ☐ Neuro Ophthalmology
- ☐ Not Specific (general)
- ☐ Oculoplastics / Lacrimal / Orbital
- ☐ Orthoptics
- ☒ Other Medical Retina (inc AMD)
- ☐ Squint / Ocular Motility
- ☑ Vitreo Retinal

Patients Registered GP Name: Dr. [illegible]
Surgery Address: The [illegible] Family Surgery
[illegible]
[illegible]
[illegible]

The patients consent to information being exchanged has been obtained via the consent form. ☑

Speed of referral

- Same day
- Within two weeks
- Within 6 weeks
- Routine

Action Required

- ☐ Referral Actioned - Emergency
- ☐ HES - Referral Required - Urgent
- ☐ HES - Referral Required - Routine
- ☐ OpSi - Referral Required / Actioned (delete as req)
- ☐ GP - Refer to GP / info only to GP (delete as req)
- ☐ Other - Please state

Tonometry

1 Date _____ CT / NCT (delete as required)
R:
L:

2 Date _____ CT / NCT (delete as required)
R:
L:

Current Prescription Information

Rx R: -2.75 / -0.25 X 10 VA 6/6 P/H _____ NVA N5
L: -2.75 / -0.25 X 175 VA 6/6 P/H _____ NVA _____
Near Add: _____

Previous Prescription Details. Date Taken: _____

Rx R: _____ / _____ X _____ VA _____ NVA _____
L: _____ / _____ X _____ VA _____ NVA _____

Observations:

- asymptomatic
- large lesion superiorly temporally RE
- hole? large? pseudo hole? appears like shock
- inferiorly LE
- # inferior changes LE.

Recipient Clinicians Report. (OpSi/GP/RMC)

Please refer ASAP.

Attachments enclosed (eg. Fields or images) ☐

Patient Hospital / OpSi Preference

Reason For Referral

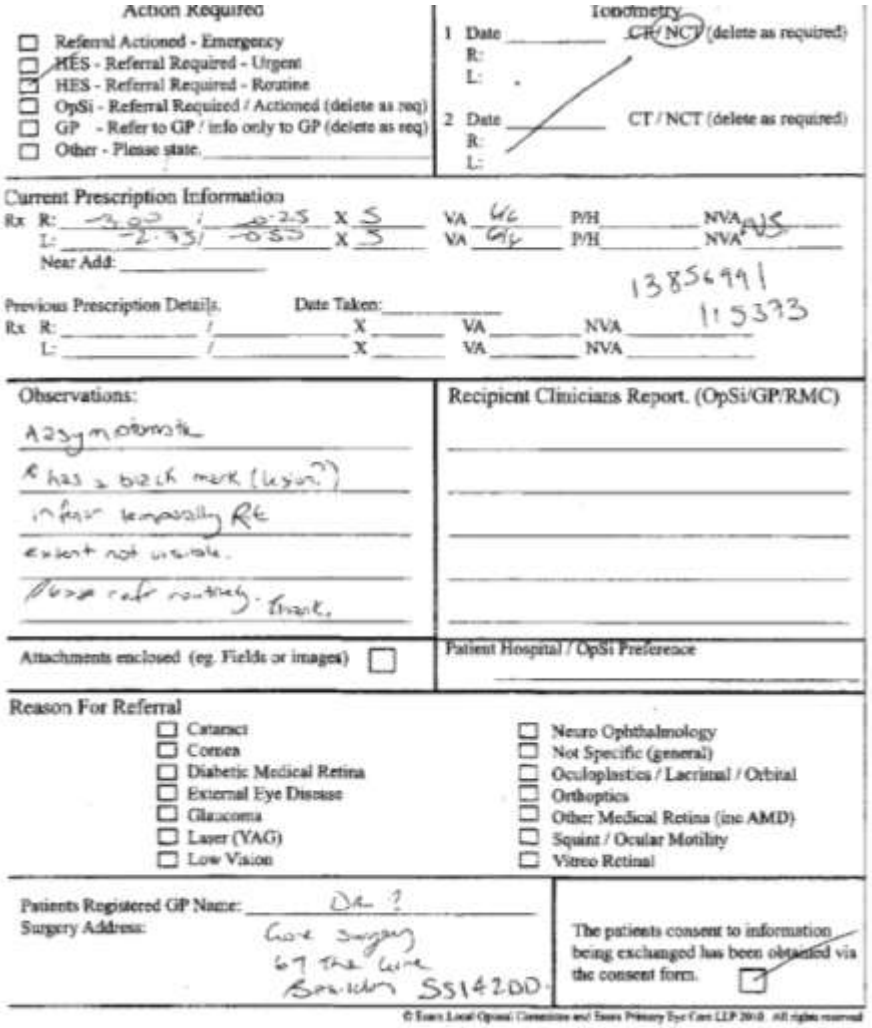
- ☐ Cataract
- ☐ Cornea
- ☐ Diabetic Medical Retina
- ☐ External Eye Disease
- ☐ Glaucoma
- ☐ Laser (YAG)
- ☐ Low Vision
- ☐ Neuro Ophthalmology
- ☐ Not Specific (general)
- ☐ Oculoplastics / Lacrimal / Orbital
- ☐ Orthoptics
- ☐ Other Medical Retina (inc AMD)
- ☐ Squint / Ocular Motility
- ☐ Vitreo Retinal

Patients Registered GP Name: DR OLIVER
Surgery Address: Va. Clogyhill Medical Centre
Vanuya
5516 4HD

The patients consent to information being exchanged has been obtained ☑ the consent form.

College of Optometrists Framework for Referrals

- College has produced a list, based on research undertaken by Camden & Islington LOC for Emergency & Urgent (within a week) referrals



Action Required

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- ☐ HES - Referral Required - Urgent
- ☐ HES - Referral Required - Routine
- ☐ OpSi - Referral Required / Actioned (delete as req)
- ☐ GP - Refer to GP / info only to GP (delete as req)
- ☐ Other - Please state: _____

Tonometry

1 Date _____ CT / NCT (delete as required)
R:
L:

2 Date _____ CT / NCT (delete as required)
R:
L:

Current Prescription Information

Rx R: -3.00 / -0.25 X 5 VA 6/6 P/H _____ NVA N5
L: -2.75 / -0.50 X 5 VA 6/6 P/H _____ NVA N5
Near Add: _____

1385691
1:5373

Previous Prescription Details Date Taken: _____

Rx R: _____ / _____ X _____ VA _____ NVA _____
L: _____ / _____ X _____ VA _____ NVA _____

Observations:

Asymptomatic
R has a black mark (lesion?)
in hair temporally Rt
extent not visible.
Please refer routinely. Thank.

Recipient Clinicians Report. (OpSi/GP/RMC)

Attachments enclosed (eg. Fields or images) ☐

Patient Hospital / OpSi Preference

Reason For Referral

- ☐ Cataract
- ☐ Cornea
- ☐ Diabetic Medical Retina
- ☐ External Eye Disease
- ☐ Glaucoma
- ☐ Laser (YAG)
- ☐ Low Vision
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- ☐ Not Specific (general)
- ☐ Oculoplastics / Lacrimal / Orbital
- ☐ Orthoptics
- ☐ Other Medical Retina (inc AMD)
- ☐ Squint / Ocular Motility
- ☐ Vitreo Retinal

Patients Registered GP Name: Dr ?
Surgery Address: Cure Surgery 67 The Lane Barking SS14 2DD

The patients consent to information being exchanged has been obtained via the consent form. ☐

Action Required

- ☐ Referral Actioned - Emergency
- ☑ HES - Referral Required - Urgent
- ☐ HES - Referral Required - Routine
- ☐ OpSi - Referral Required / Actioned (delete as req)
- ☐ GP - Refer to GP / info only to GP (delete as req)
- ☐ Other - Please state. _____

Tonometry

1 Date 27/12/2012 CT / NCT (delete as required)
R: 19
L: 17

2 Date _____ CT / NCT (delete as required)
R:
L:

Current Prescription Information

Rx R: -025 / -050 X 148 VA 6/5 P/H _____ NVA _____
L: +050 / -100 X 30 VA 6/5 P/H _____ NVA _____
Near Add: +2.00

Previous Prescription Details. Date Taken: _____
Rx R: _____ / _____ X _____ VA _____ NVA _____
L: _____ / _____ X _____ VA _____ NVA _____

Observations:

I am referring this patient because he had a haemorrhage just superior to the macula in the left eye. If you can refer to the ophthalmologist for further investigation. Thank you.

Recipient Clinicians Report. (OpSi/GP/RMC)

Attachments enclosed (eg. Fields or images) ☐

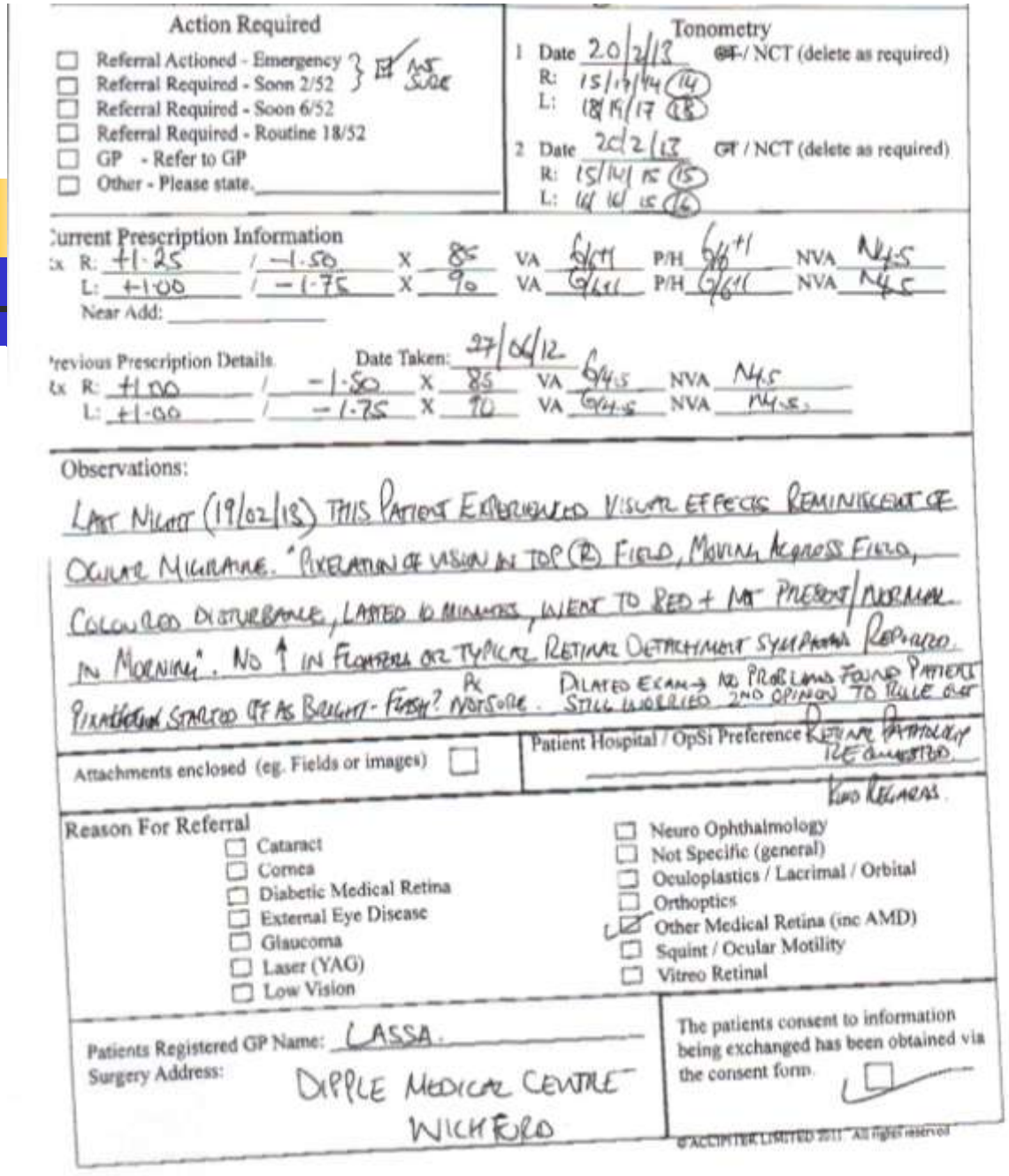
Patient Hospital / OpSi Preference

Reason For Referral

- ☐ Cataract
- ☐ Cornea
- ☑ Diabetic Medical Retina
- ☐ External Eye Disease
- ☐ Glaucoma
- ☐ Laser (YAG)
- ☐ Low Vision
- ☐ Neuro Ophthalmology
- ☐ Not Specific (general)
- ☐ Oculoplastics / Lacrimal / Orbital
- ☐ Orthoptics
- ☑ Other Medical Retina (inc AMD)
- ☐ Squint / Ocular Motility
- ☐ Vitreo Retinal

Patients Registered GP Name: Dr Cooper
Surgery Address: Kingswood Medical Centre
Claughill Road
Rochdale OL16 5DB

The patients consent to information being exchanged has been obtained ☑ the consent form.



Action Required

- ☐ Referral Actioned - Emergency
- ☐ Referral Required - Soon 2/52
- ☐ Referral Required - Soon 6/52
- ☐ Referral Required - Routine 18/52
- ☐ GP - Refer to GP
- ☐ Other - Please state.

Tonometry

1 Date 20/2/18 GAT / NCT (delete as required)
R: 15 17 14 (14)
L: 18 15 17 (18)

2 Date 20/2/18 GAT / NCT (delete as required)
R: 15 14 15 (15)
L: 16 16 15 (16)

Current Prescription Information

Rx R: +1.25 / −1.50 X 85 VA 6/9 P/H 6/6 +1 NVA N4.5
L: +1.00 / −1.75 X 90 VA 6/6 P/H 6/6 NVA N4.5
Near Add:

Previous Prescription Details Date Taken: 27/04/12

Rx R: +1.00 / −1.50 X 85 VA 6/4.5 NVA N4.5
L: +1.00 / −1.75 X 90 VA 6/4.5 NVA N4.5

Observations:

LAST NIGHT (19/02/18) THIS PATIENT EXPERIENCED VISUAL EFFECTS REMINISCENT OF OCULAR MIGRAINE. "PIXELATION OF VISION IN TOP (R) FIELD, MOVING ACROSS FIELD, COLOURED DISTURBANCE, LASTED 10 MINUTES, WENT TO RED + NOT PRESENT/NORMAL IN MORNING". NO ↑ IN FLOATERS OR TYPICAL RETINAL DETACHMENT SYMPTOMS RESPONDED. PIXELATION STARTED OFF AS BRIGHT - FLASH? AC NORSOTTE. DILATED EXAM → NO PROBLEMS FOUND PATIENT STILL WORRIED 2ND OPINION TO RULE OUT

Attachments enclosed (eg. Fields or images) ☐

Patient Hospital / OpSi Preference RETINAL PATHOLOGY RE ADVISED. KIND REGARDS

Reason For Referral

- ☐ Cataract
- ☐ Cornea
- ☐ Diabetic Medical Retina
- ☐ External Eye Disease
- ☐ Glaucoma
- ☐ Laser (YAG)
- ☐ Low Vision
- ☐ Neuro Ophthalmology
- ☐ Not Specific (general)
- ☐ Oculoplastics / Lacrimal / Orbital
- ☐ Orthoptics
- ☑ Other Medical Retina (inc AMD)
- ☐ Squint / Ocular Motility
- ☐ Vitreo Retinal

Patients Registered GP Name: LASSA.
Surgery Address: DIPPLE MEDICAL CENTRE WICKFORD

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2nd Place in referral of the year award

The winner !

Requirements

Action Required: Internal ESP Referral ESP Choice:

Referral Reason Vitreo Retinal

Prescription

Current Prescription: 02/02/2013

Unaided VA	Sphere	Cylinder	Axis	Aided VA	Add	Prism	Base	Prism	Base
6/7.5				6/6					
6/9				6/6					

Previous Prescription:

Tonometry

Current Reading: 02/02/2013 15:39:59 Instrument: NCT R: 16 L: 17

Previous Reading 02/02/2012 Instrument: R: L:

Current Medications

Observations

Seen at GP request to investigate "tadpole" in vision RE. Routine sight test normal, dilation recommended.

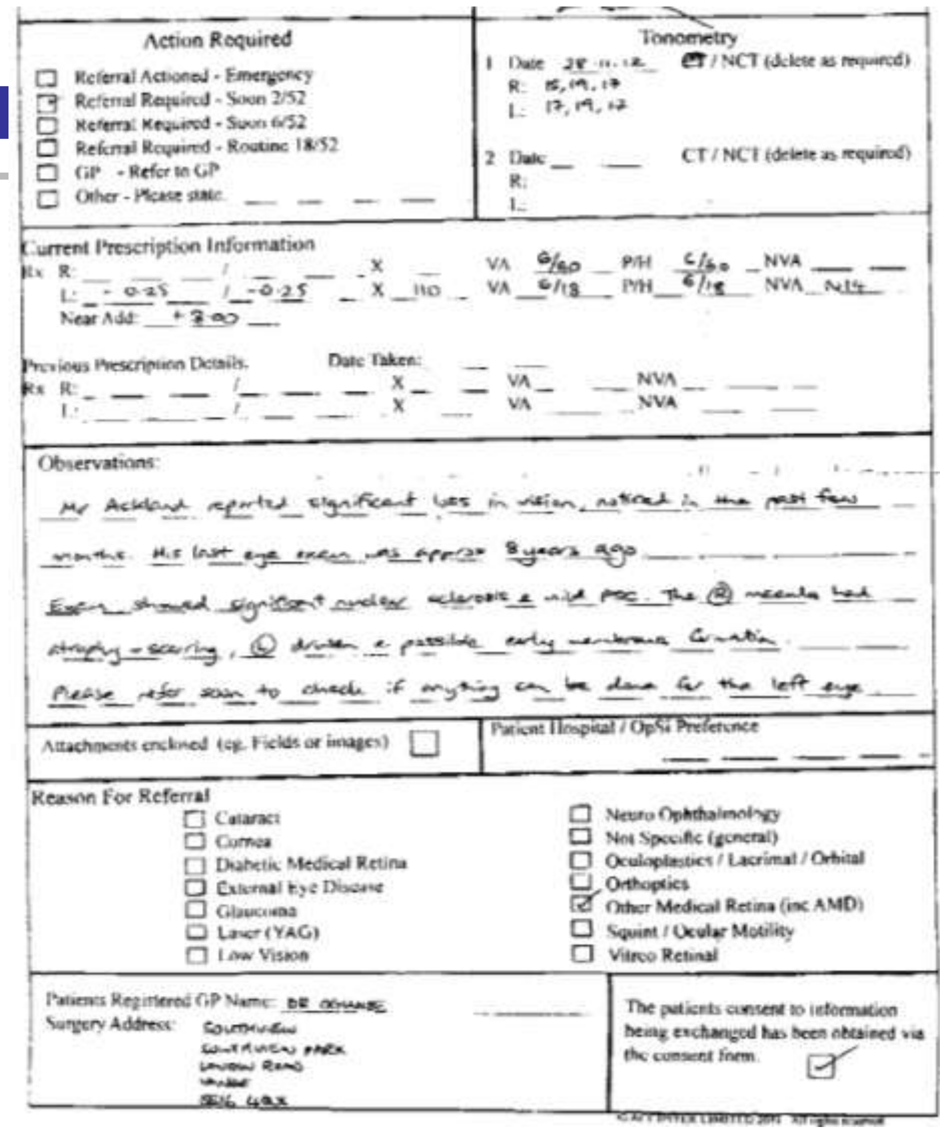
System Administration Notes

Attachments

None

Patient Communication

- Consent required
- Written copy to patient
- Explanation as to what happens next
- Follow up telephone calls



Action Required

- ☐ Referral Actioned - Emergency
- ☑ Referral Required - Soon 2/52
- ☐ Referral Required - Soon 6/52
- ☐ Referral Required - Routine 18/52
- ☐ GP - Refer to GP
- ☐ Other - Please state

Tonometry

1 Date 28.11.12 GT / NCT (delete as required)
R: 15, 19, 17
L: 17, 19, 17

2 Date
R:
L:
CT / NCT (delete as required)

Current Prescription Information

Rx R: / X VA 6/60 P/H 6/60 NVA
L: -0.25 / -0.25 X 110 VA 6/18 P/H 6/18 NVA N14
Near Add: +2.00

Previous Prescription Details. Date Taken:
Rx R: / X VA NVA
L: / X VA NVA

Observations:

Mr Ackland reported significant loss in vision, noticed in the past few months. His last eye exam was approx 8 years ago. Exam showed significant nuclear sclerosis & mild PSC. The (R) macula had atrophy + scarring, (L) drusen & possible early membrane formation. Please refer soon to check if anything can be done for the left eye.

Attachments enclosed (eg. Fields or images) ☐

Patient Hospital / OpSi Preference

Reason For Referral

- ☐ Cataract
- ☐ Cornea
- ☐ Diabetic Medical Retina
- ☐ External Eye Disease
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- ☐ Not Specific (general)
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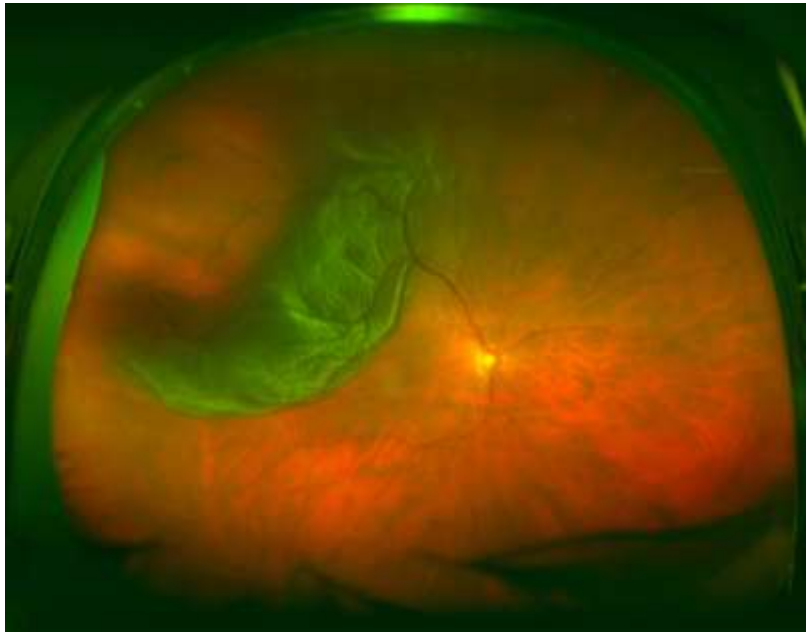
- ☐ Orthoptics
- ☑ Other Medical Retina (inc AMD)
- ☐ Squint / Ocular Motility
- ☐ Vitreo Retinal

Patients Registered GP Name: DR OSHANE
Surgery Address: SOUTHVIEW, SOUTHVIEW PARK, LONDON ROAD

The patients consent to information being exchanged has been obtained via the consent form. ☑

Clinical Audit

- Are your referrals getting the patient seen in time?
- Are you making appropriate referrals?
- Are there any changes to your clinical routine/referral routine needed?
- Sit in on HES clinics and see other referrals



Thank you for your attention!