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
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
Reasons for referral delay

- 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
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.

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.
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 points
- No essay
- Symptoms
- Signs
- Relevant history
- Possible diagnosis
Speed of referral

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

- 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: 17
   - L: 16

2. Date: ________ CT / NCT (delete as required)
   - R: _________
   - L: _________

**Current Prescription Information:**

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<td></td>
<td>L</td>
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Near Add: +0.50

**Previous Prescription Details:**

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<td>L</td>
<td>______</td>
<td>X</td>
<td>VA</td>
<td>NVA</td>
</tr>
</tbody>
</table>

**Observations:**

- I am referring this patient
- because his / her measurements
- just superior to the macula in the
- left eye. If you can refer to me
- ophthalmologist for further investigation.
- Thank you.

**Recipient Clinicians Report. (OpSi/GP/RMC)**

**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
Clayhill Road
Bristol BS16 5DB

**The patients consent to information being exchanged has been obtained on the consent form.** ☑
2nd Place in referral of the year award
The winner!

### Requirements
Action Required: Internal ESP Referral
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
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!