BBG | Bexley, Bromley and Greenwich LOC

Lambeth Southwark & Lewisham Local Optical Committee

REFERRAL GUIDANCE

MECS practices

Please ensure you use the e-RS system for all referrals, unless they fall into the emergency category (24-48hours).

Wet AMD is not an emergency – this needs to be referred via e-RS and the patient will be booked into the appropriate clinic within 2 weeks.

Please ensure all attachments are added to the referral.

Non-MECS practices

If you can refer your patients via the GP or via NHS email to Primary Ophthalmic Solutions (POS).

If referring via POS, please do so using the email addresses below depending on which borough the patient's GP is in. As the subject matter, please use 'Ophthalmology Referral: Patient Name and DOB'. In the body of the email, please state clearly the hospital and clinic where known.

Lambeth patients:	lamccg.ophthalmologyspor@nhs.net
Southwark patients:	souccg.ophthalmologyspor@nhs.net
Lewisham patients:	lewccg.mecs@nhs.net
Bexley patients:	bexccg.ophthalmologyspo@nhs.net
Bromley patients:	broccg.bbgspa@nhs.net
Greenwich patients:	lch.greenwich.mecs@nhs.net

When referring onwards please, wherever possible, discuss the relevant options with the patient. If the patient has a preference, please state this clearly on the referral. If referring routinely to any of the Independent Sector Providers (ISPs), the referral should still be sent via the relevant established referral pathway, stating clearly the patient's choice of provider. Any referrals sent directly to ISPs will be rejected back to the referrer.

March 2023

Referral Category	Referral Criteria	Exclusions	Required Tests (essential in bold)
P1: Urgent Patients to be discussed directly with closest eye casualty for triage	☐ IOP 35mmHg or above *(irrespective of other clinical features)*		▪ **Goldman or Perkins tonometry** *(if not available can still be discussed with eye casualty or sent for referral refinement within 72 hours)*
P2: Priority To be booked into "Priority" new glaucoma appointment slot within 1 month (if none available, to be triaged by a glaucoma consultant)	☐ Glaucomatous field loss in 3 or more quadrants *(irrespective of other clinical features)* **or** ☐ IOP 30-34mmHg *(irrespective of other clinical features)* **or** **ANY TWO or more of the following:** ☐ IOP 24-29mmHg ☐ Optic Disc CDR 0.8 or worse or neuroretinal rim notch or disc haemorrhage ☐ Angle Grade 0 or Grade 1 Van Herick ☐ Glaucomatous field loss in 2 or more quadrants in a reliable visual field	▪ Long standing poor vision (HM/PL/NPL)	▪ **Goldman or Perkins tonometry** *(if not available, send for referral refinement within 2 weeks)* ▪ **Reliable visual field test** *(if not available send for referral refinement within 2 weeks)* ▪ Angle grading (Van Herick or gonioscopic) ▪ Cup to disc ratio ▪ Visual acuity ▪ Recent distance refraction details
P3: Routine To be booked into virtual glaucoma referral assessment pathway (or HES new glaucoma appointment if wheelchair bound, significant cognitive or communication problems etc.) within 3 months	**ANY ONE of the following clinical features in isolation** (provided referral does not meet P1 or P2 criteria): ☐ IOP 24-29mmHg ☐ Optic disc CDR 0.8 or worse or neuroretinal rim notch or disc haemorrhage ☐ Angle Grade 0 or Grade 1 Van Herick ☐ Glaucomatous visual field defect (nasal step or arcuate defect) in a reliable visual field test ☐ Asymmetry in applanation IOP or 8mmHg or more ☐ Asymmetry of optic disc CDR of 0.3 or more	Do not refer to glaucoma because of any of the following in isolation *(patients can be referred to a general or another appropriate sub-specialty clinic)*: ▪ Raised IOP with non-contact tonometry ▪ Non-glaucomatous visual field defect ▪ Abnormal visual field if unreliable ▪ Corneal pigmentation ▪ Family history of glaucoma	▪ **Goldman or Perkins tonometry** *(if not available, send for referral refinement within 1 month)* ▪ **Reliable visual field test** *(if not available, send for referral refinement within 1 month)* ▪ Angle grading (Van Herick or gonioscopic) ▪ Cup to disc ratio ▪ Visual acuity ▪ Recent distance refraction details

Additional Notes:

- **The referral category should be based on the eye with the most urgent priority level**
- **Patients who are already under the care of a hospital glaucoma service should be discussed directly with the hospital eye clinic and not referred via this pathway**

Medical Retina – Face to Face and Diagnostic Pathways March 2023

Clinical area/ sub-specialty	Inclusion criteria	Priority/ urgency	New	Pathway	Exclusion criteria
Diabetes	• Severe R3A including Rubeosis/ mild Vitreous haem/ pre-retinal haem	P1	New	Face to face to MR clinic (within 1 week) STH/KCH/QMH/Orpington	•
	• Traction detachment/ Dense vitreous haemorrhage	P1	New	Face to Face VR clinic (within 1 week)	•
	• R3A (NVD/NVE)- especially if no previous PRP laser	P1/2	New	Face to face to MR clinic (within 2-4 weeks) STH/KCH/QMH/Orpington	• Patients that have had extensive previous PRP and NO new pre-retinal/ vitreous haemorrhage or maculopathy- can be seen in DESP (R3SM0)
	• Severe Maculopathy (CSME or CRT > 400) patients/Injection patients or requiring laser	P2	New	Face to face to MR clinic (within 4 weeks) STH/KCH/QMH/Orpington	• Mild R1M1 patients can be discharged to DESP OCT clinic if in SEL catchment area.
	• R3(S) if poor view due to cataract (can't go to DESP)	P3	New	Face to face to MR clinic (routine referral) STH/KCH/QMH/Orpington	• If poor view due to vitreous haemorrhage will require urgent referral.
	• R2M1 (mild maculopathy) or less	P3	New	Image capture clinic (QMH/ KCH/ Orpington) / Diabetic virtual clinic (STH) (routine)	• If already under DESP OCT clinic/ surveillance clinic- no extra appt needed- can remain in DESP • R1,M0 or R0M0- can be discharged to DESP

BRVO	• With maculopathy/ reduced VA/ New Vessels- needing treatment with injections or laser	P2	New	Face to Face to MR clinic or injection clinic (within 4 weeks)	• N/A
	• All patients (where fovea not involved/ vision not reduced)	P3	New	Image capture clinic (KCH/ QMH/ Orpington STH virtual MR clinic (routine referral)	• Injection patients where vision reduced patients will need to be seen in Face to Face MR clinics within 4 weeks
	•				
CRVO / HVO	• Rubeosis or raised IOP	P1	New	Face to face to MR clinic (within 1 week)	•
	• New patients / lost to follow up	P2	New	Face to face to MR clinic (within 4 weeks)	• N/A
	• Stable old	P3		ICC Image capture clinic virtual MR clinic (STH)	•
CSR	• All patients- Non resolving (Subretinal fluid > 3 months)	P2	New	Face to face MR (STH) & face to face MR (DH) (within 6 weeks)	• N/A
	• All patients	P3	New	Image capture clinic Virtual MR clinic (STH)	• N/A
	•				
Macular Degeneration	• Suspected WET AMD with distortion of vision	P1	New/ lost to F/U	Face to face MR injection clinic within 1 week (must have OCT)	•
	• Macular haemorrhage	P1	New	Face to face MR injection clinic within 1 week (must have OCT)	•

	• SRF or outer retinal changes on OCT (not foveal atrophy)	P1	New (Urgent)	Face to Face MR injection clinic (with OCT already taken) within 1 WEEK	• End stage disciform scar with poor vision (3/60 or worse) unless needs SI/ SSI registration (poor vision in both eyes- worse than 6/24)
	• Dry AMD/ Geographic atrophy) – if vision if poor in Both Eyes	P3	New	Face to face for registration	•
	• Drusen only	Community assessment	New (non urgent)	Macular assessment by MECS optom clinic	• Pts requiring SI/SSI registration
	• Patch of atrophy	Community assessment		Macular assessment by MECS optom	•
	• Distortion	Community assessment		Macular assessment by MECS optom with OCT	•
Stable AMD	Wet AMD injection patients who have not had an injection for 6 - 24 months- optom can re-refer if re-activation seen as above.	P3	New	PIFU. If re-activation occurs – treat as P1- Urgent Face to Face required in injection clinic within 1 week.	
	•				
Med Ret- requiring SI/ SSI registration or LVA	• For low visual aid assessment only come to hospital	P3	New (poor vision in both eyes- 6/24 or worse)	Face to face booked directly with LVA clinic	N/A
	• To see ECLO / to be registered	P3		To be organised by respective hospital	

Pigmented Lesion	• Definite Melanoma	P1	New- Urgent	Eye casualty KRESS or RAU or STH eye casualty	• Already under the active care of MEH or another unit for treatment of Melanoma
	• Suspicious of Melanoma- large elevated pigmented lesion with orange or SRF	P1	New- Urgent	Eye Casualty	•
	• All new patients	P3	New	All to go to MECS optom. Any concerns email consultant to review ASAP: KCH DH - TBC QMH – MAC clinic STH - pigmented lesion virtual clinic (Other routine queries can be referred to virtual pigmented lesion clinic-STH as routine)	• Suspected melanoma/ elevated lesion in retina
Genetic Cases	• All patients with suspected Retinitis Pigmentosa/ Stargardt's/rod cone dystrophy/ Achromatopsia/ Best's etc	P3	New/ lost to FU	• FACE TO FACE genetic clinic (STH- FRI PM) or referred to local genetics unit or MR clinic (KCH- DH)	• N/A
	•			•	•
Sickle Cell	• Symptomatic patients (with suspected vitreous haemorrhage)	P2	New	• MR clinic (KCH)	•

	• Patient known to have sickle cell	P3	New	• Virtual sickle clinic (service for STH patients only)	• Advanced disease- to refer to MR/ VR service
	•			•	•
Hydroxy-chloroquine Screening	• Patient known to be on hydroxychloroquine	P3	New	• Virtual hydroxychloroquine screening programme (STH- area only)	•

Please use the referral category as seen below. Its is an easy way to see which conditions need to be seen routinely, priority or as an urgent.

If you have any queries/questions then please send them to POS.

Referral Category

P1: Urgent	Patients to be discussed directly with closest eye casualty for triage or booked into relevant MR clinic within 1 week
P2:Priority	Patient to be booked into "Priority" new Medical Retina appointment slot within 1 month (if none available, to be triaged by a MR consultant)
P3:Routine	Patient to be booked into next available "Routine" new MR appointment slot **Or** For virtual MR referral assessment pathway
Community Assessment	These patients do not require hospital referral, unless a referable condition found on assessment

TRIAGE WHEN CLINICAL INFORMATION SUGGESTS PROBABLE DIAGNOSIS

	IMMEDIATE RAU/KRESS/on call	WITHIN 24 HOURS RAU/KRESS/on call	WITHIN A WEEK
OCULOPLASTICS	● **Orbital cellulitis/severe inflammation** ● **Severe orbital trauma**	● Orbital mass ● Proptosis with corneal exposure or visual impairment ● Lid/canalicular lacerations (without globe injury) ● Preseptal cellulitis (adults), including dacryocystitis ● Blow out fracture of orbit	**KRESS/RAU** ● Suspected lid neoplasm ● Lagophthalmos with corneal fluorescein staining ● Blood-stained epiphora ● Hard lacrimal sac mass **Minor Eye Conditions Service** ● Ingrowing lashes
ANTERIOR SEGMENT	● **Chemical injury** (referrer MUST irrigate immediately) ● **Suspected gonococcal conjunctivitis** ● **Suspected penetrating injury** ● **Any corneal ulcer >1mm diameter** ● **Suspected corneal graft rejection**	● Any corneal ulcer <1mm ● Stevens-Johnson syndrome (may need medical r/v first) ● Suspected chlamydial conjunctivitis ● Herpes simplex / zoster keratitis ● Viral keratoconjunctivitis	**Cornea** ● Allergic or atopic keratoconjunctivitis ● Suspected ocular mucous membrane pemphigoid ● Any same-day condition if corneal rapid access clinic available within 24hrs **Minor Eye Conditions Service** ● Dry eyes ● Bilateral red eye ● Ocular discharge ● Corneal or conj FB
GLAUCOMA	● **Suspected blebitis (trabeculectomy patients)** ● **Acute angle closure** ● **Intraocular pressure >40**	● Intraocular pressure >30 and glaucomatous discs.	**Glaucoma** ● New presentation of advanced glaucomatous cupping ● Intraocular pressure >30 and discs healthy
UVEITIS	● **Suspected bacterial endophthalmitis** (following eye surgery or bacteraemic patients)	● Any other suspected uveitis or scleritis, if severe pain or reduced vision <6/12	**Uveitis** ● Any other presentation / flare up of uveitis or scleritis

	IMMEDIATE RAU/KRESS/on call	WITHIN 24 HOURS RAU/KRESS/on call	WITHIN A WEEK
ONCOLOGY			**KRESS/RAU** ● Any suspected malignant tumour of eyelid or globe (will need urgent ocular oncology referral to Moorfields)
MEDICAL RETINA	● **Central retinal artery occlusion within last 4 hours** (consider immediate iv thrombolysis via stroke team)	● CRAO/BRAO older than 12 hours (will need TIA referral) ● New floaters in a treatment naïve diabetic (exclude tear) ● Rubeosis	**Urgent MR clinic:** ● Branch/central retinal vein occlusion ● Wet macular degeneration ● Toxic (ie drug-related) maculopathy **Minor Eye Conditions Service** ● Dry age-related macular degeneration
VR	● **Macula on retinal detachment**	● Macula off retinal detachment ● Tobacco dust (Shaefer's sign) ● Vitreous haemorrhage ● Retinal tear	**Minor Eye Conditions Service** ● Symptomatic posterior vitreous detachment (flashes / floaters)
PAEDIATRICS	● **Preseptal/orbital cellulitis** ● **Suspected penetrating injury** ● **Papilloedema with neuro signs / unwell** (admit all these presentations under paeds)	● Suspected non-accidental injury (should be seen by post-CCT doctor, 2nd opinion from paeds cons if abnormalities found ● Neonatal conjunctivitis	**Paediatrics** ● Disc swelling in well child ● Sudden onset of diplopia / squint ● Leucocoria / absent red reflex ● Cataract / other abnormality at postnatal check ● Complete ptosis

	IMMEDIATE RAU/KRESS/on call	**WITHIN 24 HOURS** RAU/KRESS/on call	**WITHIN A WEEK**
NEURO	**● Suspected temporal arteritis <u>with visual symptoms</u> (including amaurosis or double vision)** **● Any eye pain or worsening vision in known neuromyelitis optica (NMO) patient** **<u>Redirect to A&E</u>** **● Suspected temporal arteritis without visual symptoms (for rheumatology)** **● New homonymous quadrantanopia or hemianopia (for stroke team)**	● Disc swelling with any of: headache / visual symptoms / any focal neurology ● *Severe* asymptomatic disc swelling ● New nystagmus ● New anisocoria with head/neck pain ● Suspected retrobulbar optic neuritis <u>TIA Clinic (neurology/stroke medicine)</u> ● Amaurosis fugax without GCA symptoms	**KRESS/RAU** ● Painless new anisocoria with normal motility and no ptosis ● Suspected new nutritional optic neuropathy (eg alcoholics with subacute binocular visual loss). **<u>Virtual discs clinic (HDAC):</u>** ● Equivocal or mild disc swelling with mild/no headaches
ADULT SQUINT		● New 3rd nerve palsy (with/without pupil involvement or pain) ● Multiple/bilateral palsies	**KRESS/RAU** ● Other acute squint / diplopia