Primary Ophthalmic Solutions

Optometric Referrals in South-East London

Preface

This guidance summarises how to complete your optometric referrals if you are based in South-East London and is current as of Jan 2025. Any changes to the service thereafter will be indicated with updates and amendments via email.

To ensure that you are kept informed of any updates, please keep POS apprised of your contact details. It is recommended that all updates are tracked and kept with this guidance.

We hope that this information is useful to you.

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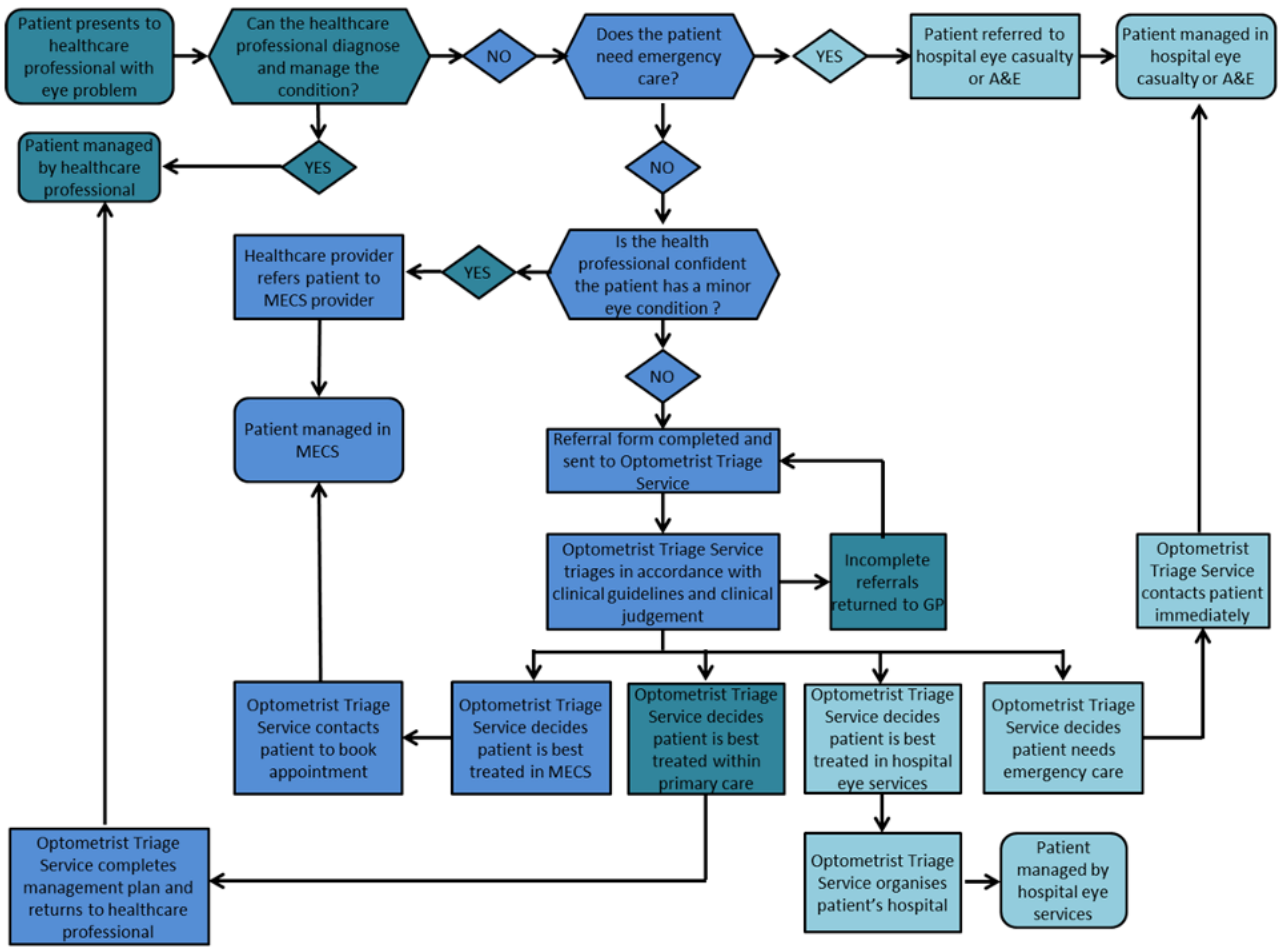
Section 1: Referral process in SE London

This diagram shows the pathway for patients with eye concerns in SE London.

Figure 1: Patient pathway



For all **Emergency Referrals** (same day/next clinic)– please refer your patients directly to hospital using the pathway shown under Section 2: Emergency Referrals

For all **Urgent Referrals** (within 2 weeks) – please refer your patients using the pathway shown under Section 3: Urgent Referrals

For all **Routine Referrals** (in due course) – please refer your patients using the pathway shown under Section 4: Routine Referrals

Section 2: Emergency Referrals

Emergency to Eye Casualty	
General	Chemical injuries Unexplained sudden vision loss Penetrating injuries Suspect malignant lesions
Lids	Orbital Cellulitis Laceration Blow-out fracture Pulsating proptosis Rapidly acquired ptosis
Cornea	Microbial keratitis
Conjunctiva	
Sclera	Scleritis
Iris/AC	Hyphaema Hypopyon Acute Uveitis Endophthalmitis
Lens	
Vitreous	Tobacco dust Vitreous Haemorrhage
Fundus	CRAO within 24hrs Anterior Ischaemic Optic Neuropathy Retinal tears/breaks Retinal Detachment
Neuro	Acute, painful, III Nerve Palsy
Glaucoma	Acute red eye with raised IOP
Diabetes	Pre-retinal Haem Proliferative DR Rubeosis in only eye

Emergency to GP
Herpes Zoster

Emergency to A&E
Suspect Temporal Arthritis Definitive papilloedema

All Emergency referrals need to be sent the same day.

SE London services are available at certain times in :

- Kings, Denmark Hill
- Kings, Queen Marys'
- St Thomas' Hospital
- MEH, City Road
- MEH, Croydon
- MEH, St Georges
- Western Eye

Please see below on how to contact these services

EMAIL ETIQUETTE – please state concern in subject line

TELEPHONE HANDOVER – use SBAR tool where possible

S – Situation

- Your name, profession, location
- Px name, age,
- Your concern in brief

B - Background

- Background information related to situation
- E.g. meds, allergies, symptoms,

A - Assessment

- Relevant clinical findings
- Your overall impression

R - Recommendations

- State what you would like to happen
- Ask if you should take further action
- Clarify expectation of response

Hospital	Availability	Contact Details	Procedure
KCH, Denmark Hill	Mon–Fri 8:00am–4:00pm	Kch.tr.earlyreferralservice@nhs.net 020 3299 3878	Email referral via NHSmail If same day, call to confirm first
	Out of hours	Kch.tr.earlyreferralservice@nhs.net 020 3299 9000 (on-call)	Call to confirm first Email referral via NHSmail
KCH, Queen Marys	Mon-Fri 8:00am-4:00pm	Kch-tr.qmsrapideyeservice-referral@nhs.net 0203 961 3443	Email referral via NHSmail If same day, call to confirm first
	Mon-Fri 4:00pm-9:00pm	Kch-tr.urgenteyesqms-referrals@nhs.net 020 8302 2678	Call to confirm first Email referral via NHSmail
	Out of hours	Send to Denmark Hill	See Denmark Hill procedure
St Thomas	Mon-Fri 8:00am-4:00pm	020 7188 4316	Call to confirm first Send px with referral to EyeCas
	Out of hours	020 7188 8871 (on-call ophthalmologist)	Call to confirm first Send px with referral to A&E
MEH, City Road	Any day, any time	020 7521 4682 020 7253 3411 (on-call ophthalmologist)	Call to confirm Send px with referral to A&E
MEH, Croydon	Mon-Fri 8:30am-4:30pm	Moorfields.croydonurgentcare@nhs.net 07525 800 834 (RAS – same day only)	Email MEH referral via NHSmail If same day, call to confirm first
	Out of hours	Send to City Road	See City Road procedure
MEH, St Georges	Mon-Sun 8:30am-4:30pm	Moorfields.sghurgentcare@nhs.net 020 8266 6169	Email MEH referral via NHSmail If same day, call to confirm first
	Out of hours	Send to City Road	See City Road procedure
Western Eye	Any day, any time	020 3312 6666	Call to confirm Send px with referral to A&E

Section 3: Urgent Referrals

Where possible all urgent referrals are processed through eRS.

MECS/eRS practices
Choose: URGENT – Ophthalmology – Clinic Choice – SEL MECS triage
Attach your referral and associated documents, specifying clinic and HES preference

Note: this process will change to direct clinic pathway once your practice meets approval by completes all governance requirements.

Non-MECS/eRS practices
Email your referral stating URGENT referral and highlighting your clinic and HES preference to:

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

For patients with GP outside these areas, please direct your referral to …..

Urgent Referral		
Area	Example	Ideal Clinic Destination
General	Acute diplopia Inexplicable gradual vision loss Dacryocystitis Dacryoadenitis Herpes Zoster with Hutchinson's sign Direct blunt trauma	Orthoptics EyeCasualty Oculoplastics/lacrimal Oculoplastics/lacrimal Corneal EyeCasualty
Lids	Proptosis affecting vision Suspect lesions MOLES ≥gr 2	EyeCasualty Other Medical Retina
Lens	Urgent post-cat complications	Cataract at Surgical site
Vitreous	Vitritis	VR
Fundus	nARMD (with OCT if available) CRAO more than 24 hours VRO Retinitis	Other Medical Retina Other Medical Retina Other Medical Retina Other Medical Retina
Neuro	Acute, painful, III Nerve Palsy	Orthoptics
Glaucoma	Acute red eye with raised IOP	Glaucoma
Diabetes	Pre-retinal Haem Proliferative DR Rubeosis in only eye	Diabetic Medical Retina Diabetic Medical Retina Diabetic Medical Retina

Section 4: Routine Referrals to HES

Where possible all routine referrals for patients with **LSL/BBG GP**s are processed through eRS.

MECS/eRS practices

Choose: ROUTINE – Ophthalmology – Clinic Choice – SEL MECS triage

Attach your referral and associated documents, specifying clinic and HES preference

Note: this process will change to direct clinic pathway following practice approval on completing all governance checks

Non-MECS/eRS practices

Send your referral and associated documents via email to :

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

Please state that it is a Routine Referral, attach all relevant documents and highlight your clinic and HES preference.

Note:

- If documents are missing, you may be contacted to supply the relevant attachments
- if further clarification or information is required, your patient may be directed to a MECS practice first

NON-LSL/BBG GP registered patients

Send your referral and associated documents to the patient's GP.

Please state that it is a Routine Referral and highlighting your clinic and HES preference.

Section 5: Referral Checklist

For a smooth patient journey to HES, please ensure your referral contains the following info:

- Px details: Name, NHS number, DoB, Address, Contact details, Accessibility needs
- Px's GP details: Practice Name, Address & Contact details
- Referrer details: Name, GOC number, Practice Name, Address & Contact details
- Referral Summary: Date, Reason for referral, Urgency, Clinic, HES preference

Clinical Information

For All Referrals

- ☐ V and/or VA; pinhole (if VA is poor)
- ☐ Current spectacles/refraction
- ☐ Previous ocular history
- ☐ General health including meds & allergies
- ☐ Explanation of your concern

+ Cataract specific, then include:

- ☐ Previous Rx & VA (if available) highlighting any notable Rx shift
- ☐ Symptoms/QoL impact
- ☐ Dilated fundoscopy findings
- ☐ Refractive aims
- ☐ Clarification that Px understands risks & benefits, guarded prognosis if applicable, need to cease CL wear before assessment and is aware of wait times

+ Glaucoma specific, then include

- ☐ AC angle (Van Herick, Gonioscopy &/or AS – OCT)
- ☐ IOP using applanation tonometry
- ☐ Disc assessment including CD ratio
- ☐ Standard automated perimetry findings (attach VF plots)
- ☐ Information regarding risk factors
- ☐ You may choose to attach disc images/OCT scans if available

+ Macular specific, then include

- ☐ Symptoms
- ☐ Amsler findings
- ☐ Description of the macular
- ☐ Images/OCT scans

+ Suspect neuro-ophthalmology specific, then include

- ☐ Symptoms
- ☐ Pupils assessment findings
- ☐ Monocular colour vision findings & Red desaturation findings
- ☐ OMB/motility findings
- ☐ VF findings (attach plots if available)
- ☐ Disc assessment including CD ratio and description
- ☐ You may choose to attach disc images/OCT scans if available

FINAL CHECKLIST

- Are the details correct?
- Is referral required?
- Is the reason for referral clearly evidenced and identified
- Has all the relevant evidence been provided?
- Have you attached all the necessary attachments
- Have you outlined the level of urgency, clinic sub-speciality and px's HES preference.

Section 6: Availability of NHS Services at different HES sites

ADULT CLINICS Age ≥16yrs	GSTT	KCH, Denmark Hill	KCH, QMH	KCH, Orpington	Independent Providers
Oculoplastics*	Y	Y	Y	-	
External Eye	Cyst only	-	-	-	
Cornea	Y	Y	Y	Y	
Cataract	Y	Y	Y	Y	ACES, CHEC, SpaMedica, Blackheath, Shirley Oaks
Laser (YAG)	Y	Y	Y	Y	
Vitreoretinal	Y	Y	Y	-	
Other Med Ret	Y	Y	Y	Y	
Diabetic Med Ret	Y	Y	Y	Y	
Glaucoma	Y	Y	Y	-	
Orthoptics	Y	Y	Y	-	
Squint	Y	Y	Y	-	
Oncology	-	-	-	-	
Low vision	-	-	-	-	

**Not all oculoplastic procedures are available under the NHS. Each condition is assessed on a case by case basis and the following information is required: evidence of clinical exceptionality, duration of condition, impact on visual function.*

CHILD CLINICS Age ≤ 15yrs	GSTT	KCH, Denmark Hill	KCH, QMH	KCH, Orpington
General	Y	Y	Y	-
Orthoptics	Y	Y	Y	-
Squint	Y	Y	Y	-

Provider Exclusions for Cataract treatment:

All ICP	SpaMedica	CHEC
Any patient requiring GA Any patient under 18yrs of age	Head tremor Extreme claustrophobia Dementia Severe learning disabilities >1 grand-mal seizure/month Requiring sub-speciality co-management e.g. glaucoma or MR Requiring hoist to transfer	Severe dementia Severe learning difficulties Known latex allergy Having a pacemaker Known claustrophobia Likely to have exacerbation of pre-existing medical condition that may warrant emergency transfer

Section 7: Differential Diagnosis: Symptoms

LOOK

Red Eye:
Adnexal: trichiasis, distichiasis, floppy eyelid, entropion, ectropion, lagophthalmos, blepharitis, dacryocystitis
Conjunctival: infective, allergic, subjconj haem, pingueculitis, SLK, GPC, conj FB, symblepharon, conj neoplasia
Corneal: infective, inflammatory, CL-related, corneal FB, recurrent erosion, pterygium,
Other: trauma, post-op, dry eyes, endophthalmitis, uveitis, episcleritis, scleritis, pharmacological, AAC, carotid-cavernous fistula, cluster headache

Tearing in adults:
Painful: corneal issue, ant uveitis, lash/lid disorder, conj FB, dacryocystitis/adenitis; canaliculitis, trauma
Painless: dry eyes, blepharitis, viral conjunctivitis

SEE

Transient Visual Loss: Ocular surface disease, amaurosis fugax, migraine, impending CRVO, ION, OIS

Persistent Visual Loss:
Sudden, painless: RAO, RVO, GCA, vitreous haemorrhage, RD, optic neuritis, stroke, toxic retinopathy
Gradual, painless: cataracts, refractive error, chronic OAG, ACG, retinal disease, corneal disease,
Painful: trauma, AAC, optic neuritis, uveitis, endophthalmitis, corneal hydrops

Distortion Vision: Refractive error, acquired astigmatism, corneal disease, macular disease, RD, hypotony

Diplopia:
Monocular: Rx error, spec alignment, corneal opacity/irregularity, cataracts, iris defects, dislocated lens/IOL
Intermittent Binocular: phoria decompensation, myasthenia gravis
Constant Binocular: III, IV, VI palsies, orbital disease, post-ocular surgery/trauma, internuclear ophthalmoplegia

Glare: astigmatic error, cataract, PCO, corneal irregularity, altered pupil/iris structure

Hallucinations: PVD, RD, optic neuropathies, Charles Bonnet, psychosis, medications

Haloes: cataract, PCO, AAC, corneal oedema, PDS,

Flashes: PVD, Retinal break, RD, rapid eye movements, migraine, oculo-digital stimulation, retinitis/uveitis, drug-related, hallucinations, iatrogenic post-laser photocoagulation

Floaters: migraine, PVD, uveitis, vitreous haemorrhage or condensations, hyphema, retinal break, RD, FB

FEEL

Light Sensitive: corneal abnormality, anterior uveitis, conjunctivitis, scleritis, mydriasis, congenital glaucoma, migraine, retrobulbar optic neuritis, subarachnoid haem, trigeminal neuralgia, light coloured iris

Pain: (do not forget possibility of transferred pain)
Ocular Mild-moderate: dry eyes, blepharitis, infective conjunctivitis, episcleritis, pingueculitis, SLK, medication toxicity, CL related, eye strain
Ocular Moderate-severe: corneal disorder, anterior uveitis, scleritis, endophthalmitis, AAC
Periorbital: trauma, hordeolum, pre-septal cellulitis, GCA, referred pain (dental or sinus)
Orbital: sinusitis, trauma, orbital cellulitis, optic neuritis, migraine or cluster headache, herpetic neuralgia,

Itchy: allergic conjunctivitis, blepharitis, topical drug allergy, contact dermatitis, GPC

Section 8: Update Tracker

To assist with keeping up with the latest information, you may choose to list the updates in the following tables.

GENERAL	
Date	Update

EMERGENCY	
Date	Update

URGENT	
Date	Update

ROUTINE	
Date	Update