BNSSG ICB
Bristol Eye Hospital
Enhanced Imaging
Macula Referral Service

Introductions

- ❖ **Clare Bailey**
  - ❖ **Consultant Ophthalmologist, Bristol Eye Hospital**
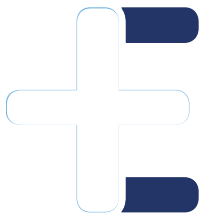- ❖ **Serena Salvatore**
  - ❖ **Consultant Ophthalmologist, Bristol Eye Hospital**
- ❖ **John Hopcroft**
  - ❖ **Chair, Avon Local Optical Committee**
- ❖ **Amy Hughes**
  - ❖ **Clinical Lead (South Team), Primary Eyecare Services**

Agenda

❖**John**

  ❖**Introduction**

❖**Amy**

  ❖**Overview of service pathway**

  ❖**Update on mobilisation**
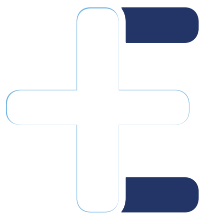
  ❖**Key points**

  ❖**Live demo**

 ❖**Support and resources**

❖**Clare and Serena**

 ❖**Case studies, learnings so far and the future of the service**

❖**Q+A**

Overview

❖ To provide enhanced macula referrals including OCT and retinal photography to the **medical retina** team at Bristol Eye Hospital

❖ Service provided by accredited optical practices and practitioners through OPERA IT platform with Primary Eyecare Services as Lead Provider

❖ Practice fee per referral including imaging is £30
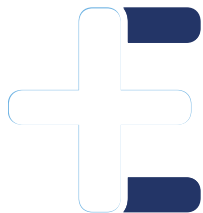
Eligibility criteria

➢ patients of 17 and over,

➢ registered with a BNSSG GP,

➢ requiring a referral to the **medical retina** team for suspected macula pathology.
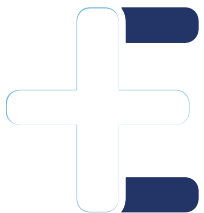
Exclusion criteria

- Children

- Patients with no NHS number/ who cannot be found on the NHS Spine

- Referrals to other specialities e.g. , vitreo-retinal team for surgical assessment (e.g. full thickness macular holes and epiretinal membranes without other underlying pathologies).

- Patients under other pathways or providers such as Post Cataract Service.

- Patients where sufficiently clear imaging cannot be obtained to allow a remote decision on management
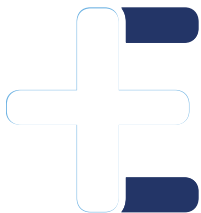
Service pathway and protocol

❖Mandated clinical information provided through Opera module
  ❖Symptoms
  ❖Distortion present
  ❖Corrected visual acuities
  ❖Subjective refraction result
  ❖Examination of anterior segment

  ❖Binocular OCT macula DICOM file (must be of appropriate quality)
    ❖**Centred on the macula**
    ❖**Of sufficient quality to allow clinical decision making of Trust medical retina team.**
  ❖Binocular colour photograph of macular
  ❖BOTH eyes (to allow comparison to support diagnosis/management plan).

Outcomes

❖Outcomes of the service are:

    ❖Patients will be managed by Bristol Eye Hospital, with or without a face-to-face appointment.

    ❖Feedback will be provided to referring practice via Opera

❖Please note; If the images provided are of insufficient quality for the BEH to decide a management plan, the referral becomes ineligible for this pathway. The patient will be brought in for face-to-face management and the referral will be exempt from the enhanced fee.

Please note……!

- The patient should not attend the next-day appointment (Monday – Friday) shown in the NHS app for this referral. This is not a real appointment, and it will be obvious which appointment this is referring to as it will be very late at night.

- The appointment will disappear within a few days.

- The patient should receive feedback on the images sent to the hospital within 2-3 weeks.

- The patient may receive a phone call from the hospital on a withheld number within 1 week of the referral being made if further information is needed.
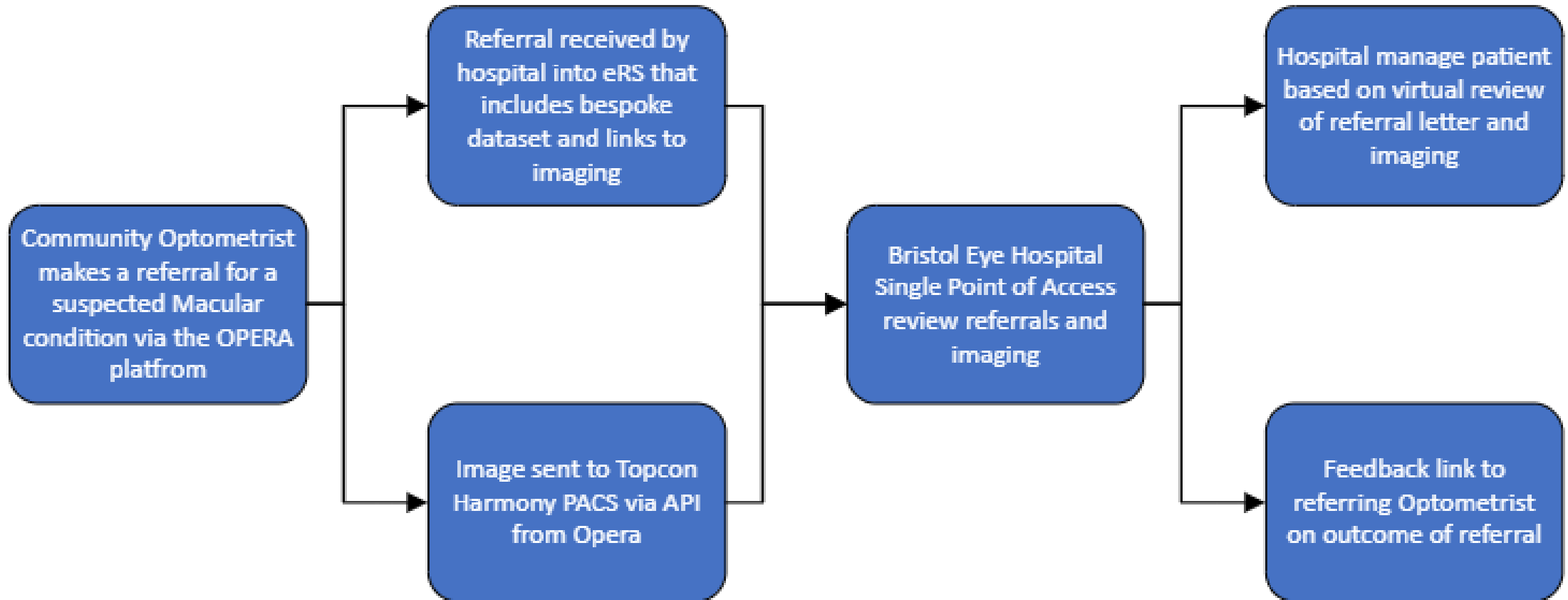
Mobilisation update

❖32 practices live

❖If EOI completed but not been contacted: let us know!

❖Thank you!

Mobilisation process

Onboard practice and practitioners to Opera
Onboarding / Registration - OPERA (optom-referrals.org)

⬇

Complete EOI
https://forms.office.com/e/WVqEkRrMxK

⬇

Complete test referral

⬇

Practice Live

Once practice is live, please ensure all optometrists in the practice know how to complete the pathway and all suitable referrals are going through the new service!

Key points

➢ Once practice is live, please could all Optometrists in the practice be invited to <u>onboard to Opera</u> and given the service information.

➢ Important that all referrals go through the new pathway once the practice has been given the green light to go live to ensure the maximum effectiveness of the service.

Key points

➤Please ensure the patient understands the benefits of allow SCR to be attached to referral

GOS18+ Consent, Carers and Record Access
OPERA Referrals

Primary +Eyecare

Date of Decision to Refer	Preferred Contact Number *	Carer Name		Carer Contact Number	Interpreter Required
15-10-2024					None
Date		First Name	Last Name		

Consent to Access Eye Records *

☑ PES clinicians can access eye care records in order to deliver direct care

☐ PES may contact the patient via SMS, email, letter or phone regarding their direct care

☐ PES may contact the patient via SMS, email, letter or phone regarding their service experience

Does the patient give their explicit Permission to View their Summary Care Record? They must consent to the record being available for all clinicians involved in their direct care to have access to these records. It is not necessary for a patient to consent to SCR access to facilitate a referral to any service *

○ Yes - the patient provides explicit permission to view their Summary Care Record

○ No - the patient does not want their Summary Care Record to be used within the referral pathway

Back   Next

Key points

➤ Pathway for referrals for the medical retina team and is not appropriate in cases where a vitreo-retinal consultation is necessary for potential surgical intervention, such as full thickness macular holes and epiretinal membranes without other underlying pathologies.

➤ Post-cataract complications should be referred back to the surgical provider

➤ OCTs should be horizontal slices; if any other orientation is provided please make this clear in the referral

➤ Monocular imaging for affected eye

Enhanced Imaging Referral Service on Opera

1. Find or add patient to Opera

2. Add referral information

3. Add required imaging

4. Receiving feedback

Exporting image files

- All files exported from your OCT will appear as .DCM format
- So which are OCT DICOMs and which are fundus photos/images? (can also download OCT summaries: images)
- Suggest rename each file as they are exported to make it easy to know which are which (e.g. OD fundus, OS fundus, OD OCT, OS OCT)
- Look at the file size!

Name	Date modified	Type	Size	
∨ Today				
IM_1.2.410.200010.20240613073790.9990243662.1.0109962.dcm	25/06/2024 12:16	DCM File	5,044 KB	
IM_1.2.410.200010.20240613073790.9990243662.1.0107936.dcm	25/06/2024 12:15	DCM File	5,021 KB	
IM_1.2.16.840.1.114333.19702.1.11.1.454.20240613134744185007.dcm	25/06/2024 12:15	DCM File	65,569 KB	
IM_1.2.16.840.1.114333.19702.1.11.1.454.20240613135721821011.dcm	25/06/2024 12:15	DCM File	65,569 KB	
Photo_OS IM_1.2.410.200010.20240613073790.9990243662.1.0109962.dcm	25/06/2024 09:54	DCM File	5,044 KB	
Photo_OD IM_1.2.410.200010.20240613073790.9990243662.1.0107936.dcm	25/06/2024 09:54	DCM File	5,021 KB	
OCT_OS IM_1.2.16.840.1.114333.19702.1.11.1.454.20240613134744185007.dcm	25/06/2024 09:50	DCM File	65,569 KB	
OCT_OD IM_1.2.16.840.1.114333.19702.1.11.1.454.20240613135721821011.dcm	25/06/2024 09:50	DCM File	65,569 KB	
IM_1.2.392.200106.1651.6.2.10808617421130.3637340286.5.dcm	25/06/2024 09:50	DCM File	56,694 KB	
IM_1.2.392.200106.1651.6.2.10808617421130.3637340305.2.dcm	25/06/2024 09:49	DCM File	56,694 KB	

- We will aim to give a test NHS number to each practice to check they are comfortable with export/upload before processing first real referral

Submission Details

OPERA Referrals

Primary Eyecare

Referral must include a full OCT DICOM file and Image, centred on the macula, of sufficient quality to allow clinical decision making by the Trust retinal team.

Right Fundus Image *

[Browse Files]

Right OCT DICOM *

[Browse Files]

Right Additional File

[Browse Files]

Left Fundus Image *

[Browse Files]

Left OCT DICOM *

[Browse Files]

Left Additional File

[Browse Files]

Comments to the provider to help with referral allocation. Please include grading information if this is required for the referral here.

[   ]

[Submit Referral] [🖨 Print Form]

[Back]

Submission Details

OPERA Referrals

Referral must include a full OCT DICOM file and Image, centred on the macula, of sufficient quality to allow clinical decision making by the Trust retinal team.

Right Fundus Image *

Browse Files

Photo_0...936.dcm   4.9MB

Right OCT DICOM *

Browse Files

OCT_OD ...011.dcm   64.0MB

Right Additional File

Browse Files

Left Fundus Image *

Browse Files

Photo_0...962.dcm   4.9MB

Left OCT DICOM *

Browse Files

OCT_OS ...007.dcm   64.0MB

Left Additional File

Browse Files

Comments to the provider to help with referral allocation. Please include grading information if this is required for the referral here.

Submit Referral   🖶 Print Form

Back

Receiving feedback

Primary Eyecare

Receiving feedback on referrals

[Feedback on referrals - OPERA (optom-referrals.org)](optom-referrals.org)

1. Via clinical dashboard

Receiving feedback on referrals

2. Via email

- If you have an NHS NET email, this will contain the full message, if you do not then the email will simply recommend that you login to see the message.

- We can send to all optometrists registered at your practice, or just to the referring optometrist and the named clinical lead.

- Changing Email Preferences - OPERA (optom-referrals.org)

Receiving feedback on referrals

Referral Status

SENT TO ERS PROVIDER: BRISTOL EYE HOSPITAL MACULAR SERVICE
USING: REQUEST FOR: OTHER_MEDICAL_RETINA AT:
WITH UBRN: ⬛⬛⬛⬛⬛⬛⬛ Updated response from provider: Many
thanks for sending the clinical details and images via Opera. There is mild
intraretinal fluid at his left macula, not involving the fovea. I cannot see
any sign of retinal haemorrhages on the good quality colour photographs
that you attached. He gives no history of diabetes or hypertension . No
treatment is required at present. We will review him in 2 months time to
reassess. Clare Bailey MD MRCP FRCOphth Consultant Ophthalmologist
Updated at: 2024-10-08 21:46:20

Resources and support

OPERA HELP CENTRE

There is a Help centre built into OPERA which provide step by steps on onboarding and the use of OPERA as whole. You can access this resource centre on:

https://help.optom-referrals.org/

OR

Go to the chat bubble on the OPERA page – type in your query and help guides will pop up to assist you. If you don't find the answer you are looking for, simply complete the enquiry fields to get direct support. Please provided as much detail as possible with the query you need support on, to ensure you get the answers you require in the quickest time!   **hello@referral.support**
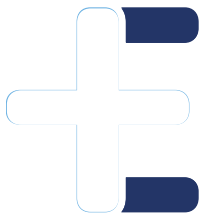
OPERA HOME PAGE: https://app.optom-referrals.org/
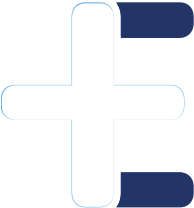
www.avonloc.co.uk

BNSSG>Enhanced Imaging Macula Referral Service

Any questions?

Get in touch

secretary@avonloc.co.uk

hello@referral.support

Any questions?

Enhancing Imaging Referral Service Update

Serena Salvatore

Consultant Ophthalmologist

Clinical Lead Medical Retina

Bristol Eye Hospital

University Hospitals of Bristol and Weston

Key Achievements

Faster Turnaround   **Improved Accuracy**   **Enhanced Collaboration**

Improved Patient Outcomes and Satisfaction

1 **Timely Diagnoses**

Patients receive prompt and accurate diagnoses, leading to better treatment outcomes.

2 **Reduced Anxiety**

Streamlined processes have minimised patient wait times and improved their overall experience.

3 **Increased Trust**

Patients appreciate the collaborative care approach and feel more confident in their providers.

Streamlined Clinical Workflows and Efficiency

1

Referral Optimisation

Simplified referral process with clear guidelines and communication channels.

2

Coordinated Efforts

Improved coordination between optometrists and ophthalmologists for seamless patient appointments.

3

Feedback loop

Real-time updates for more efficient decision-making.

66% of Saved Appointments

Fewer Cancellations

Cost Savings

Improved Access

A Success Story

🕐

Timely Diagnosis

😆

Improved Satisfaction

🖋

Cost Savings and Sustainable pathway

Mary, 91 yrs old

11th September 2024

Referral for Left eye wet AMD

21st of September 2024
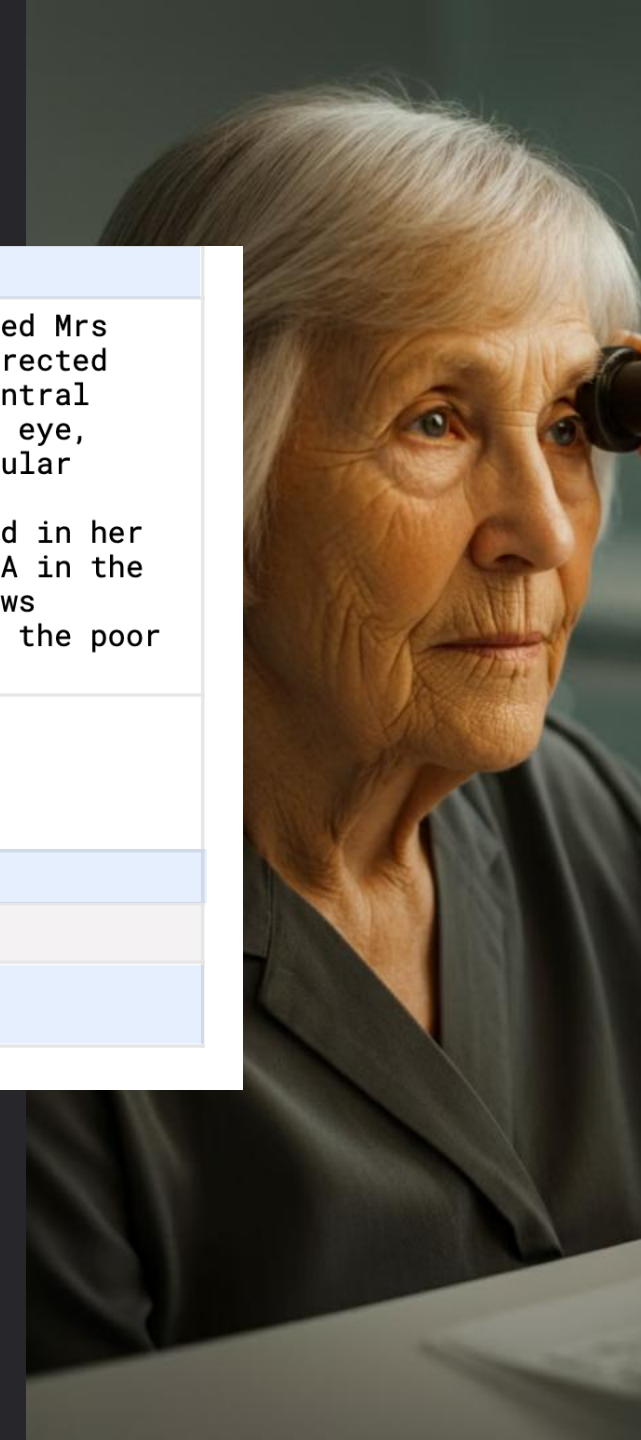
First Intravitreal Injection for left Eye wet AMD

12th of September 2024

Referral reviewed

Phone call to patient to explain findings

Reason for referral	Wet Age-Related Macular Degeneration (AMD)[_____] I tested Mrs [____] in July following her second (R) cataract op. Best corrected vision was 6/12 in both eyes. OCT scans then showed large central drusen in both eyes, but she also has longstanding severe dry eye, which she has had treated at the eye hospital and is using ocular lubricants for, but struggles to get them in. She came in today saying that the vision has gone very blurred in her left eye, with a large central black patch. Best corrected VA in the left eye today is 6/60 at best. OCT scan of the left eye shows apparent new fluid at the macula which will be accounting for the poor vision. Fundus view shows some central macular haemorrhages
Medications	Thyroxine Tramadol Blood pressure medication - unsure what Oc lubricant - Vizhyal?
Additional Referrer Comments	

Condition Found	Affected Eye
Wet Age-Related Macular Degeneration (AMD) - 414173003	Left

Sph	Cyl	Axis	Prism	Base		Sph	Cyl	Axis	Prism	Base
+0.50	-0.75	170	2	Out	Distance	+1.00	-0.50	180	2	Out
			Prism	**Base**						
Add	+2.75		1.5	Down	Near	Add	+2.75		1.5	Up

R **L**

Visions and Ocular Exams

|		
Snellen	Binocular Distance Binocular Near	6/12 N6
Type	**Right Eye**	**Left Eye**
Snellen - Unaided	6/18	6/60
Snellen - Corrected	6/12	6/60
Near VA	N6	N14
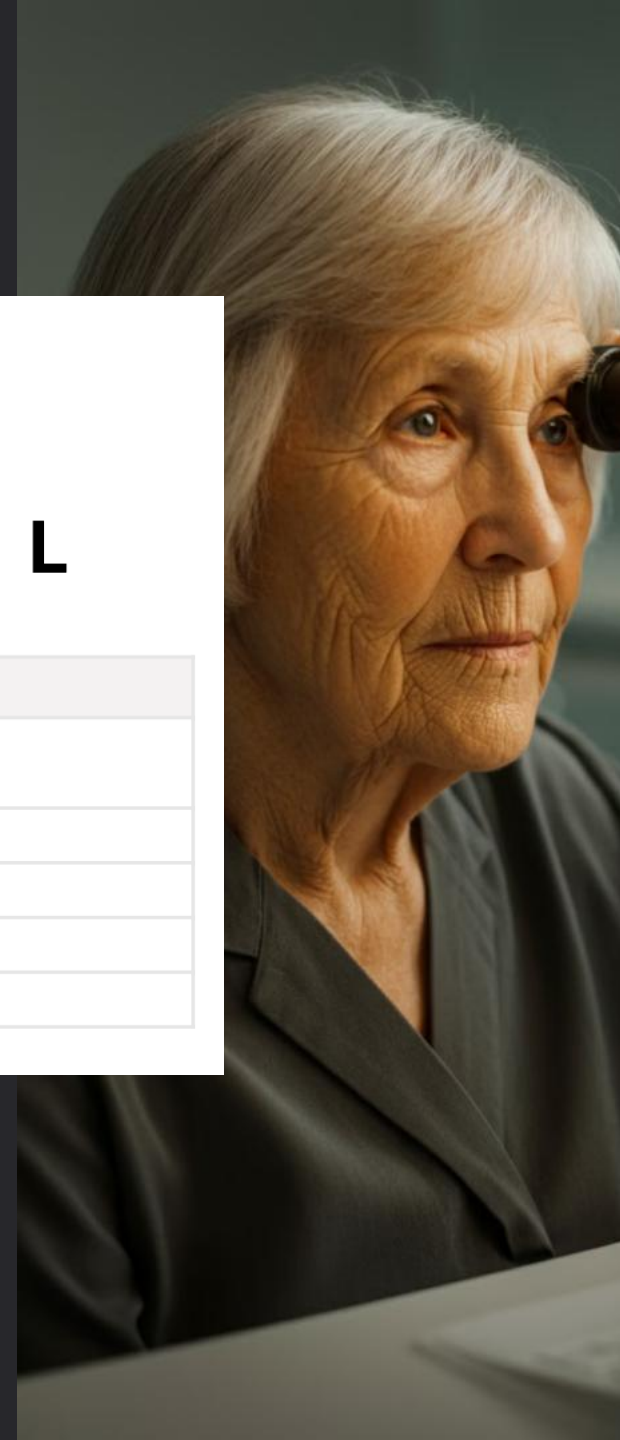
Macular Pathology Details	
Is distortion noted by patient?	Yes
If present, in which eye is distortion present?	Left
Is patient diabetic?	No
Is there proliferative retinopathy present?	
Does patient have hypertension?	Yes
Are there anterior segment abnormalities?	No
Describe anterior segment abnormalities	
Is there Right eye cataract?	No
Is there Left eye cataract?	No
Is there vitreous haemorrhage?	No
If present, provide vitreous haemorrhage comment	
IOP - completed using Air-Puff NCT	Right - 13 Left - 13 Time - 15:00

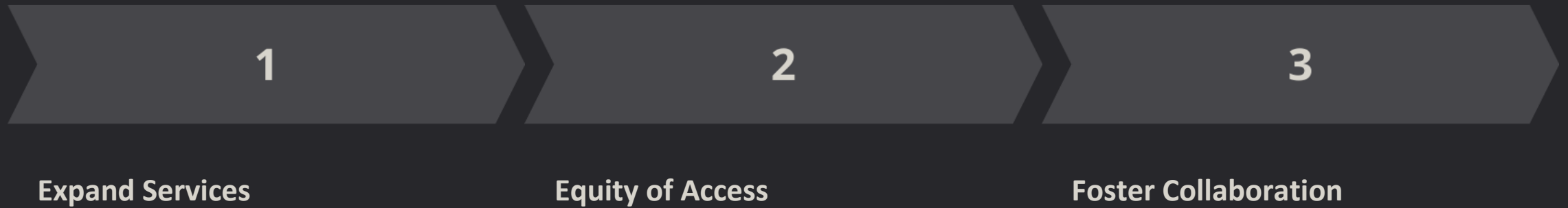Imaging available for this patient - click here to view

Feedback link this patient - click here to view
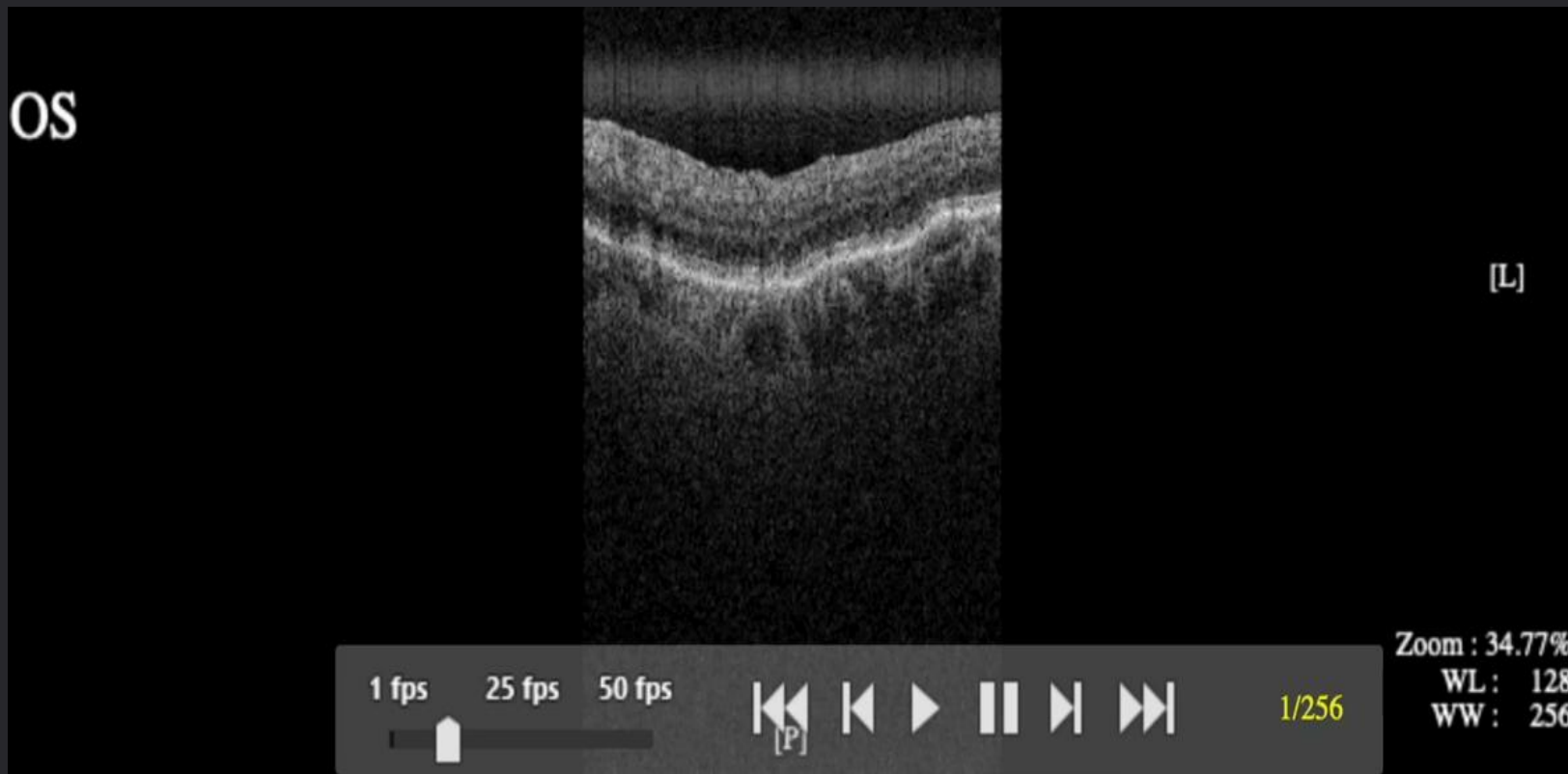
The Road Ahead:
Continuous Improvement and Innovation

1

2

3

Expand Services

Equity of Access

Foster Collaboration

Lessons learned

- 71 cases reviewed so far, processes working well within BEH

- Quick turnaround, and for those with wet AMD this is the most rapid access to intravitreal treatment (quicker than via email or via GP or via BEH A and E)

- We assess the images the same day that they appear on our Careflow list (usually that is approx 24 hours after you have sent these via PES, as PES process first and make the bookings).

- We are able to put patients directly into the most appropriate clinic, and some don't need a BEH appointment review at all.

Lessons learned

- VR: The vitreoretinal team get on average 25-30 VR referrals affecting the macula each week and we do not want those to come via this pathway.

- The VR team would always need to see the patient in their face to face clinic for further assessment and surgical discussion so using OPERA pathway offers no benefit to the patient or the referral pathway and does not speed up access to care.

- Opera pathway suitable for those you would consider for **medical retina referral where the pathology is at the macula.**

Lessons learned

- Please don't send paediatric cases, the service is for those 17+ years

- Please explain the process to the patient when you do the referral about what to expect re next steps and that the scans will be reviewed remotely by the BEH team.

- Summary care record is really helpful. So do try to obtain patient consent for that if at all possible and include the SCR. This type of information would have been sent by the GP in the old pathway.

Lessons learned

- Please send horizontal scans through macula. If vertical scans are used, unless the optic disc is also captured, we cannot know the exact position of things with respect to the fovea, as the scans are **not** tracked with a colour photo alongside which might happen in the originals.

Lessons learned

- Please try to onboard as many optometrists within the practice once a practice itself has been onboarded
- At present, we still get referrals via the old email system from practices who have already been onboarded.

Summary

- The processes are working very well overall
- Of those whose referrals were appropriate for this pathway, 60% had avoided an appointment at BEH, hugely better for patients and their carers
- Much quicker access to care
- We hope the feedback directly through Opera to you is useful: please keep a record of that for your notes.

Any questions?