BNSSG ICB
Bristol Eye Hospital
Enhanced Imaging
Macula Referral Service

Get in touch

secretary@avonloc.co.uk

hello@referral.support

Introductions

- ❖ **Clare Bailey**
  - ❖ **Consultant Ophthalmologist, Bristol Eye Hospital**
- ❖ **Serena Salvatore**
  - ❖ **Consultant Ophthalmologist, Bristol Eye Hospital**
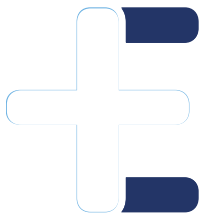- ❖ **Richard Haynes**
  - ❖ **Consultant Ophthalmic Surgeon, Bristol Eye Hospital**
- ❖ **Mark Humphrey-Ali**
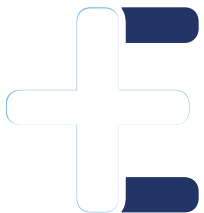 - ❖ **Vice Chair, Avon Local Optical Committee**
- ❖ **Amy Hughes**
 - ❖ **Clinical Lead (South Team), Primary Eyecare Services**

Agenda

- ❖ **19.00: Mark**
  - ❖ **Introduction**
- ❖ **19.05: Amy**
  - ❖ **Service overview**
  - ❖ **Mobilisation update**
  - ❖ **Processing a referral through Opera**
  - ❖ **Test referrals**
  - ❖ **Troubleshooting and support**
- ❖ **19.25: Serena: BEH service update**
- ❖ **19.40: Claire: BEH lessons learnt**
- ❖ **19.50: Q+A**
- ❖ **20.00 Richard Haynes**

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
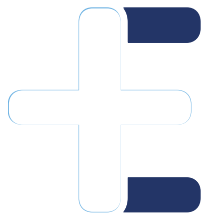
Eligibility criteria

➢ patients of 17 and over,

➢ registered with a BNSSG GP,

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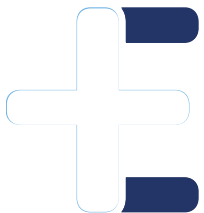
Exclusion criteria

➢ 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
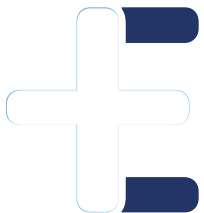
Service pathway and protocol

❖ 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.
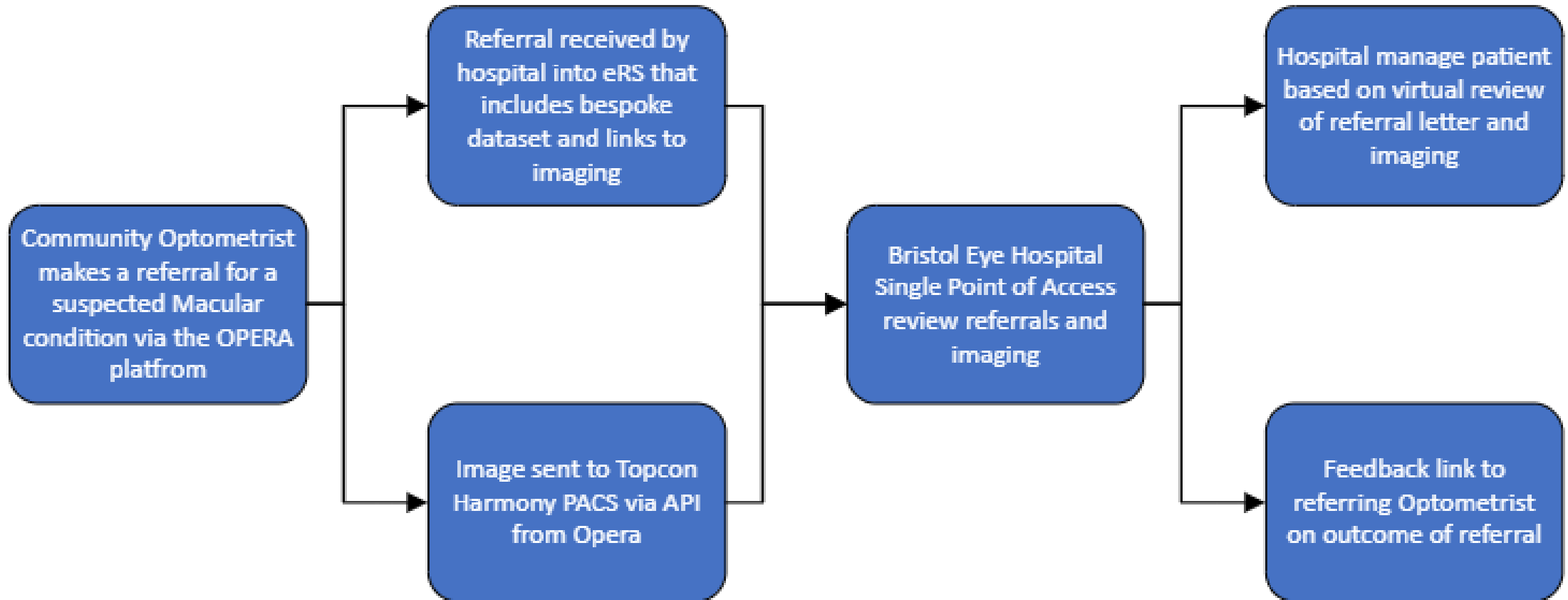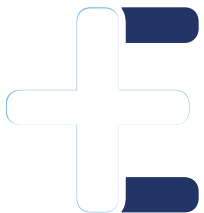
Mobilisation update

❖ Service launched July 2024

❖ 35 practices live

❖ 33 BNSSG

❖ 2 BaNES

❖ 33/75 (44%) BNSSG GOS practices live

❖ Some others completed EOI and/or in testing
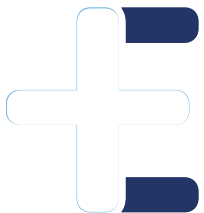
Next steps…

❖ Service moving towards the end of pilot phase

❖ BEH, LOC and PES working with ICB to make the case for service to continue long term

    ❖ As many practices as possible using the pathway

    ❖ All optometrists within "live" practices aware of and using the pathway

    ❖ All appropriate macula referrals are going through the pathway

        ❖ Please don't use the old pathway!

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!

Processing a referral

1. Export/prepare your inage files

2. Find or add patient to Opera

3. Add referral information

4. Add required imaging

5. Receiving feedback

Video guide (short version)

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)

- Strongly 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!

- Correct patient: initials?

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

- **Fundus image = approx. 5MB**
- **Scannable OCT = approx. 50MB+**

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

Find or add patient to Opera

Navigate from Opera landing page to General > Manage Patients
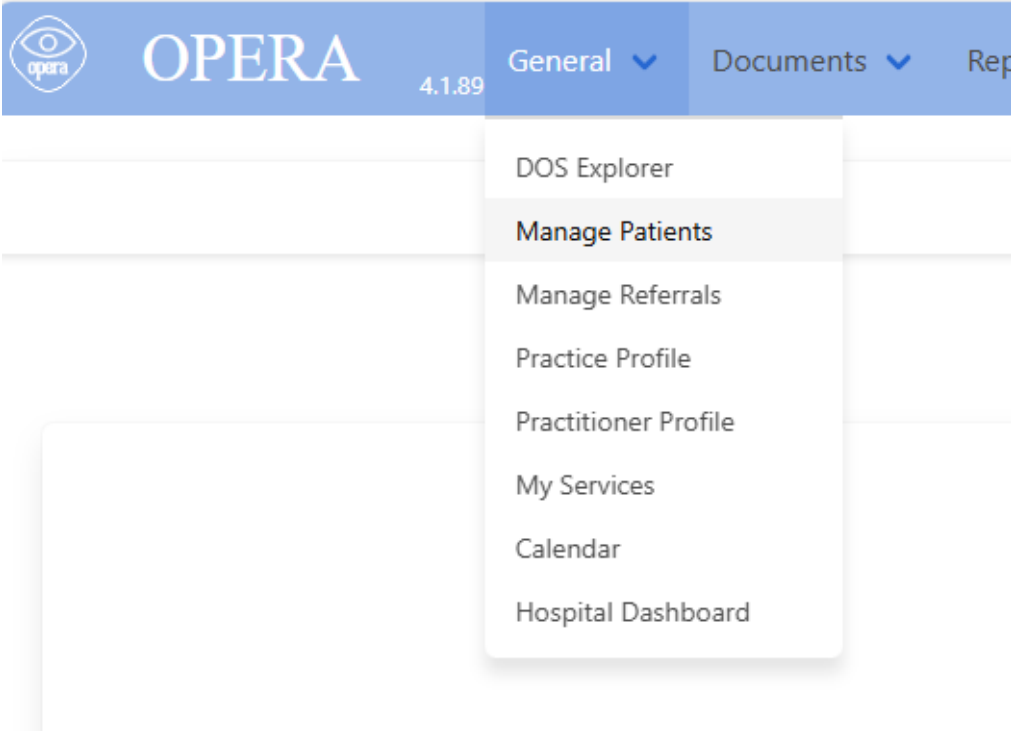
Find or add patient to Opera

Search for your patient (DofB AND surname AND/OR NHS number)

Patient Management

| « | | Page 1 | | | » |

| NHS Number | •••• Date of Birth | Surname | 🔍 | | Quick Patient Add |

| Surname ↕ | | Forenames | D.O.B. | NHS Number | Gender | 📋 |

ℹ️

Please search for patients before adding a patient to the database.

Add patient from NHS Spine if required

- Search by NHS number OR Surname, gender, DofB as a minimum.
- Very unusual for a patient to not be on the NHS Spine (e.g. not registered with a GP)
  - Spelling?
  - Forename and surname reversed?
  - Go by a different name?
  - Ask what details their GP would hold for them

- If patient cannot be found on the Spine, can't use this referral pathway
  - **Please don't manually add patients**

Quick Patient Add

☐ I know the patient's NHS number

| NHS Number | Date of Birth |

☑ I know the patient's details

| Forenames | Surname |

| Gender ⌄ | Date of Birth | Postcode |

Find Patient

ℹ

Find a patient.

Import Patient   Cancel   ?

Patient not already on Opera: import

- Blue tick next to name:

- Press "Import Patient" button

- Can then search through Manage Patients

Patient already on Opera

- Import patient button is greyed out and two green ticks next to name:

- Patient is already on Opera,

- Go back a step and search through Manage Patients

Start referral

Select the mint green "Enhanced Imaging Referral" clipboard to start the referral

Patient Management

«

Page 1, Search: NHS Number = "9990243662"

| 9990243662 | Date of Birth | Surname | ✕ |

Quick P

Surname ↑≡	Forenames	D.O.B.	NHS Number	Gender	📋	
→ XXTESTPATIENTDZAWB	TEST PATIENT	16-04-1970	9990243662	Female		

Enhanced Imaging Referral

Check patient details

Enhanced Imaging GOS18

Patient Demographics - V2 Production

Primary +Eyecare

Patient First Name
SCRDONOTUSE

Patient Second Name
XXTESTPATIENTDZAWB

Patient NHS Number
9990243662

Patient Date of Birth
16-04-1970

Patient Telephone Number
tel:01603444444

Patient Address
Flat 30 Dukes Palace Wharf
Street Address

Duke Street
Street Address Line 2

Waiting for population | NORWICH
City | State / Province

NR3 3AT
Postal / Zip Code

Patient GP Code
L84009
If no GP enter 'None'

Patient GP Practice Name
HADWEN MEDICAL PRACT.

Patient GP Practice Address
THE HADWEN MEDICAL PRACTGLEVUM WAY SURGERYGLEVUM WAY, ABBEYDALE····D

User GOC Number
01-25507

GOCName
AMY | HUGHES
First Name | Last Name

User GOC ODS
8J025

User GOC Practice
FDS CONSULTANTS, 6 TH

Patient Factors

- [ ] Advocate required
- [ ] Military veteran
- [ ] Domestic Driver (Group I)

- [ ] Transport required
- [ ] Patient has an austism diagnosis
- [ ] Patient has learning disabilities

- [ ] Patient is a carer
- [ ] Mental health issues
- [ ] Physical disability

- [ ] Hearing problems
- [ ] Commercial Driver (Group II)
- [ ] Patient is housebound

Next

Contact details and consents

❖ Really important to have Summary Care Record permission ticked
  ❖ Full medical history to support hospital management decision
  ❖ Please discuss with your patients

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
25-06-2024 [Date]		First Name / Last Name			None

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

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

Clinical information: visions and refraction

Clinical information: condition and diagnosis

Conditions & Diagnosis

OPERA Referrals

Primary Eyecare

Reason for referral

- ⦿ Macular Pathology

Affected Eye : *

- ○ Right
- ○ Left
- ○ Both

Referral Urgency *

- ○ Urgent
- ○ Routine

Macular Pathology Provision Diagnosis *

Please Select ⌄

Reason for referral (include any significant history) *

Type here...

Describe your findings to support the provisional diagnosis(es) provided above.

Medications and medical history *

Type here...

Describe your findings to support the provisional diagnosis(es) provided above.

Further clinical details if required

Type here...

Describe your findings to support the provisional diagnosis(es) provided above.

Back   Next

Clinical information: required fields

Macular Referral

OPERA Referrals

Primary Eyecare

Has the patient noticed any distortion in their vision? *
○ Yes   ○ No

Is the patient Diabetic? *
○ Yes   ○ No

Does the patient have Hypertension? *
○ Yes   ○ No

Are there any Anterior Segment abnormalities? *
○ Yes   ○ No

Is there Right eye cataract? *   Is there Left eye cataract? *
○ Yes   ○ Yes
○ No   ○ No

Is there a Vitreous Haemorrhage present? *
○ Yes   ○ No

IOP Right Eye *   IOP Left Eye *   Time of IOP *   IOP Instrument *

[   ]   [   ]   [10 ▼] : [06 ▼]   [Please Select ▼]
                                              Hour   Minutes

[Back]   [Next]

Clinical information: required imaging

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

Clinical information: check imaging!

- DCM format?
- All imaging present?
  - Scannable OCT R+L?
  - Fundus photo R+L?
- Expected size?
  - Fundus image = approx. 5MB
  - Scannable OCT = approx. 50MB+

All OK? Submit 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

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

Completing a test referral

❖ You will be sent a guide, which is also linked to the mobilisation process document.

- **PLEASE DOWNLOAD AND SHARE A COPY OF YOUR TEST REFERRAL**

- **PDF Copy of referral NOT "print form" from the submission details screen**

  - All test referrals are deleted over night to avoid invoicing issues

  - We cannot check imaging without the link in the PDF

  - Only option is to run the test referral again

- Please remember to do a final check on image file size to help confirm that you have the correct uploads before submitting the referral

  - Fundus image files will be approx. 5MB. Full DICOM files will be 50MB or more.

- Find your referral through the 'Manage Referrals' screen

2. Open the episode using the arrow icon

General ⌄   Documen
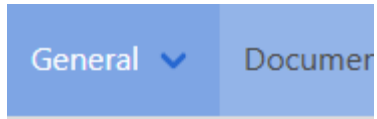
Upload Referral

Bulk Upload

DOS Explorer

Manage Patients

Manage Referrals

Practice Profile

Practitioner Profile

My Services

Calendar

Clinical Dashboard

Hospital Dashboard

Completed
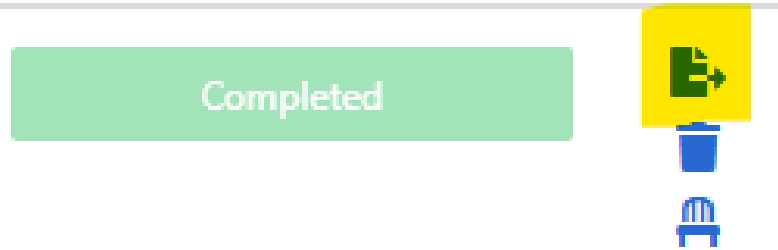
3. Go to Download Documents > REFEERAL_LETTER and download a PDF of your referral.

Referral Management/

REFERRAL_LETTER   ERS_PATIENT_LETTER   Download Documents ⌄   View images in PACS 🔗

DOCUMENT_ARCHIVE
REFERRAL_LETTER
ERS_PATIENT_LETTER

Eyecare Referral - Macular Pathology
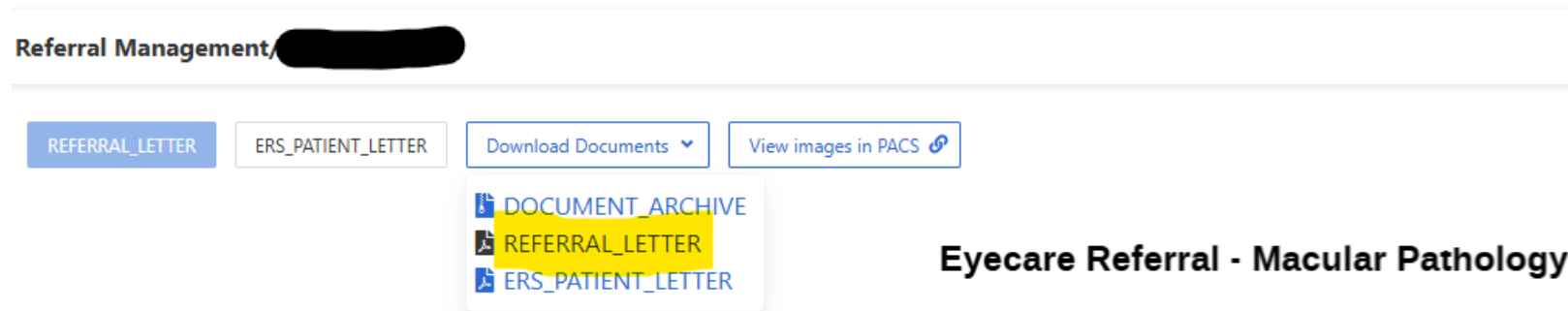
4. Send the referral letter PDF so we can check the imaging in the PACS

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.

Receiving feedback on referrals

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

1. Via practice dashboard

		Date	Message
👁	Glaucoma Transfer	31/08/2023 00:00	NEW COMMUNITY GLAUCOMA TRANSFER - TARGET DATE - 31-08-2023
👁	Glaucoma Update	31/08/2023 00:00	OPR03212283 has had a glaucoma review completed with outcome continue in service. Please see Glaucoma Workflow for further details.

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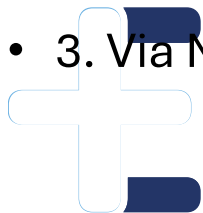
- We can send to all optometrists registered at your practice, or just to the referring optometrist and the named clinical lead.

- [Changing Email Preferences - OPERA (optom-referrals.org)](#)

- 3. Via Manage 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

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

Key points/reminders

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

➢ 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

Troubleshooting

- ❖ **Exporting images and full thickness DICOM files from your OCT**
  - ❖ We can provide a guide for each manufacturer
  - ❖ Advice from other practices in group with same OCT?
  - ❖ May need to contact OCT manufacturer
  - ❖ You may need to unzip a zipped file
- ❖ **Issues starting test referral**
  - ❖ **DofB of test patient can default to American format**
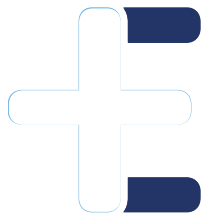   - ❖ Try swapping date and month OR
    - ❖ Search by test NHS number alone
      - ❖ **Issues with image format on test referral**
      - ❖ We may ask for image files to be added to share folder to look at Meta Data
      - ❖ **Slow uploads**
        - ❖ Internet speed

Support and resources

❖ [BNSSG Enhanced Imaging Macula Referral Service](#)

BNSSG Enhanced Imaging Macula Referral Service

Background

In collaboration with Avon LOC, Bristol Eye Hospital and Primary Eyecare Services, the Enhanced Imaging Macula Referral Service launched in July 2024

Service information

The Enhanced Imaging Macula Referral Service allows direct referral of patients with suspected macula pathology for remote assessment by the Medical Retina team Bristol Eye Hospital.

- Referrals will be made through the Opera IT platform and include a full DICOM OCT and retinal photography of both eyes to allow the Bristol Eye Hospital retinal team to make a diagnosis and develop a management plan.
- Eligibility criteria are:
  - patients of 17 and over,
  - registered with a BNSSG GP;
  - requiring a referral to the **medical retina team** for suspected macula pathology.
  - Not appropriate for referrals for vitreo-retinal consultation for potential surgical intervention, such as full thickness macular holes and epiretinal membranes without other underlying pathologies.

Outcomes: Please discuss with your patient

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

Service Fees

- £30 per referral with required imaging

Help and support

Practices and Practitioners can use the OPERA help menu as the first port of call for help and support, and or the OPERA support bubble to pose queries. Both these tools can be found on the OPERA home page.

Opera module guide

Primary Eyecare

BNSSG Enhanced Imaging Macula Referral Service

Finding or adding a patient to Opera

Please find a guide on finding or adding a patient to Opera here.

Adding referral information

Once the patient is added to Opera, use the lime green clipboard labelled "Enhanced Imaging Referral" to start the referral.

Surname ↑↓	Forenames	D.O.B.	NHS Number	Gender		Enhanced Imaging Referral
XXTESTPATIENTDZAMB	SCRDONDTUSE	16-04-1970	9990343662	Male		

You will be asked to confirm the patients' details.

Please ensure that you confirm the preferred contact number with the patient as this may be used by the BEH team to contact the patient regarding next steps and urgent treatment requirements.

Opera will guide you through the mandated referral information required.

Adding imaging

The service required the upload (select from files or drag and drop) of:

- Bilateral fundus photography showing the macula.
- Bilateral full OCT DICOM files centred on the macula.
- OCTs must be of sufficient quality to allow diagnosis.
- OCTs should be horizontal slices; if any other orientation is provided please make this clear in the referral.
- Please remember to do a final check on image file size to help confirm that you have the correct uploads before submitting the referral.
- Fundus image files will be approximately 5MB. Full DICOM files will be 50MB or more.

Completing the referral and next steps

- There is no need to select a provider, all referrals will automatically be sent to BEH once submitted.
- Referrals are booked to the BEH by PES Referral Management Team; any instructions to complete the referral are not for the practice, please do not take any further action. Referral will automatically change from pending to booked within 24 hours.
- A guide to receiving feedback from the Trust can be found here.

OPERA HOME PAGE: https://app.optom-referrals.org/
Opera Help Centre: OPERA
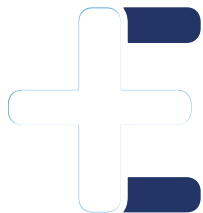
www.avonloc.co.uk

BNSSG>Enhanced Imaging Macula Referral Service

Any questions?

Feedback please!

Enhanced Imaging Referral Pilot Review - Community Optometrist Survey

Feedback on the pathway

- 328 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.

- Please let the patient know to ignore anything that appears on NHS app within a day or so of referral, as these are for our remote assessment, not a real clinic. They will not be sent an appointment or otherwise contacted for that remote assessment, but appearing on the NHS app is unavoidable. They will be contacted directly if an appointment is going to be arranged

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.

- 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.
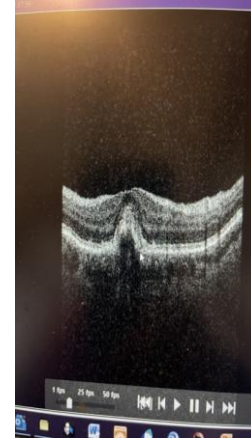
Lessons learned

- Please 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.

- The AMDBEH@uhbw.nhs.uk email should ONLY be used if there is possible wet AMD where OPERA cannot be used (eg practice not onboarded, or no adequate images). Ideally please mention why OPERA not used in the email.

- If not using OPERA, other macular pathology that is not possible wet AMD should go via GP and ERS.

Outcomes

- 328 referrals to date

- 13.7% (45) overall were not appropriate for the pathway, that has improved somewhat for the more recent cases.

- Of those where referral was appropriate, a visit to the hospital was saved in 69%

Appropriateness of referrals for the pathway

- In the last 50 cases, 6% were not appropriate due to VR pathology, 1 (2%) was not appropriate due to inadequate images.

- Of the 50 cases prior to that, 12% were not appropriate due to VR pathology, 6% had inadequate images and 1 case was post op CMO from an ISP provider which should go back there in first instance.

Appropriate referrals (n =284)

- 9.9% discharged after remote review of OPERA referral
- 17.2% diagnosed with wet AMD and phoned and brought straight to anti-VEGF clinic
- 53.8% had a follow-up planned in due course in face to face clinic for further assessment/monitoring
- 16.9% had plan for subsequent review in virtual imaging clinic

Summary

- The processes within BEH are working very well overall
- Of those whose referrals were appropriate for this pathway, 69% 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.

Enhanced 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**   **Better 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.

69% 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
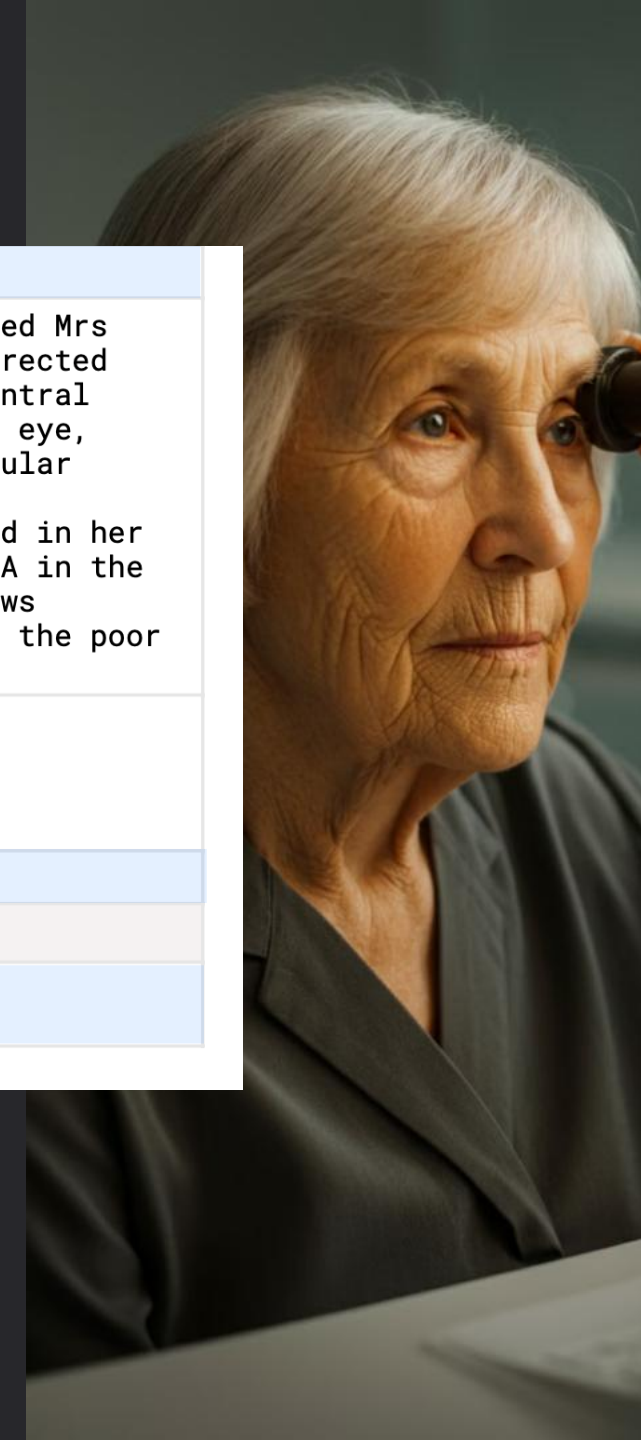
First Intravitreal Injection for left Eye wet AMD

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

R **L**

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

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
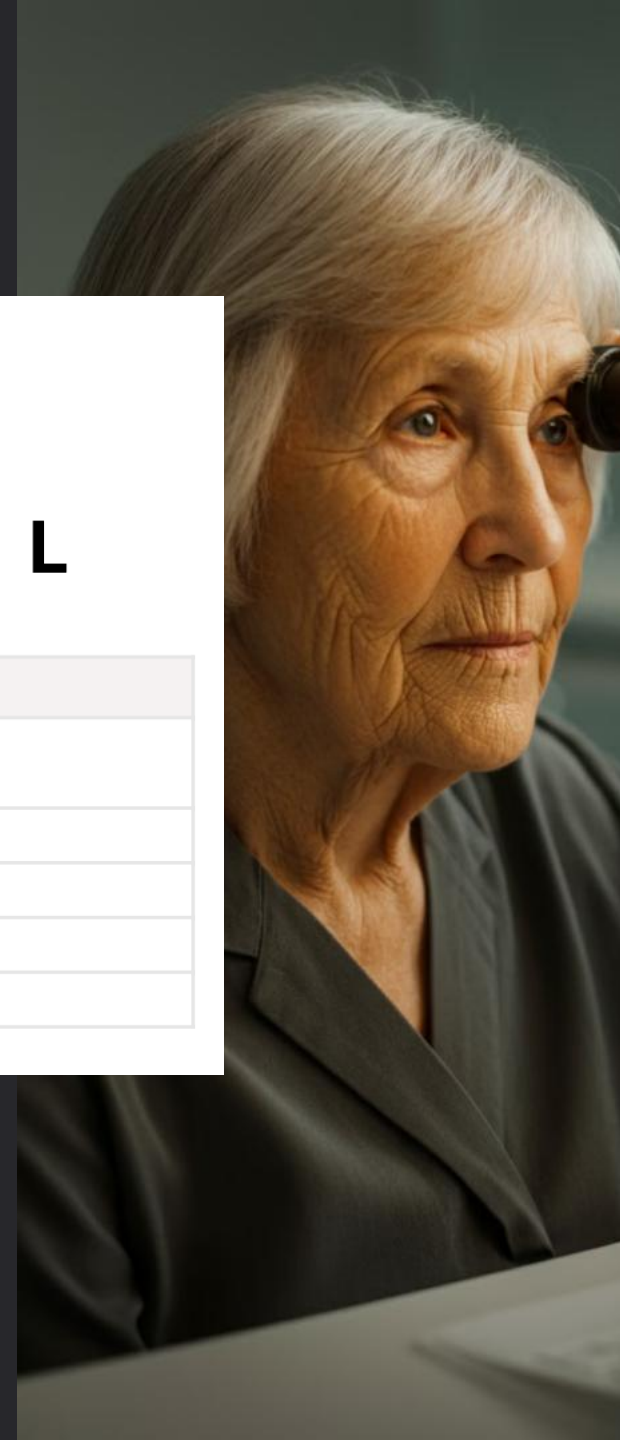
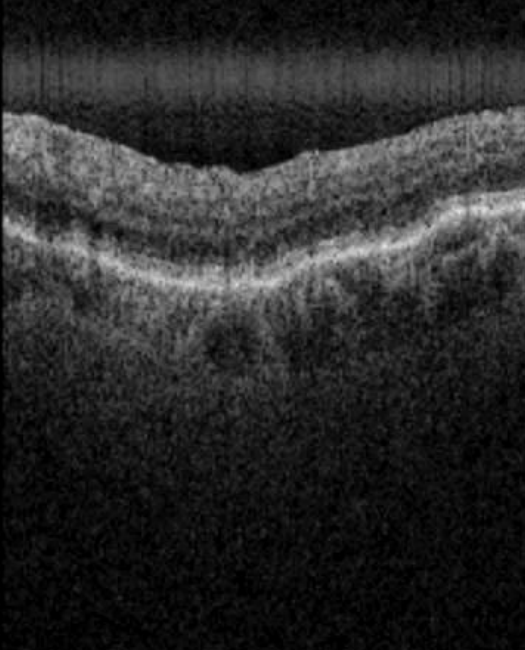| Macular Pathology Details	
Is distortion noted by patient?	Yes
If present, in which eye is distortion present?	Left
Is patient diabetic?	No
Is there proliferative retinopathy present?	
Does patient have hypertension?	Yes
Are there anterior segment abnormalities?	No
Describe anterior segment abnormalities	
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

Foster Collaboration

Expand Services

Equity of access
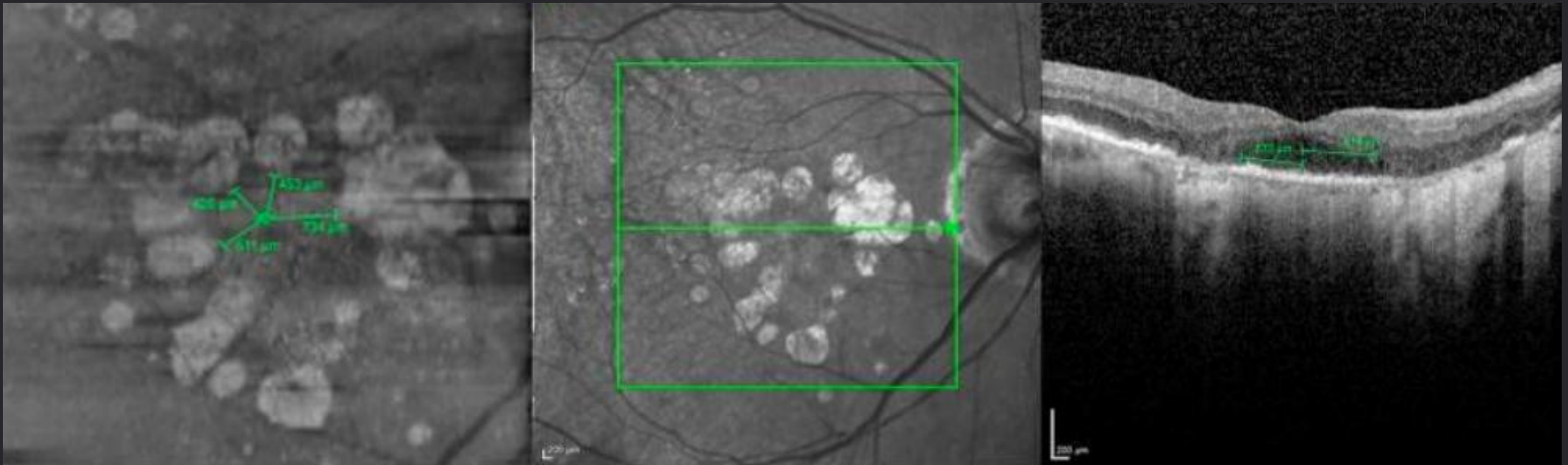
Equity of Access

Community Engagement

Research

Clinical Trials

Extrafoveal Geographic Atrophy

Visual acuity >55 letters (6/12)

Subcutaneous injections

Research Referrals

QR code of Incl/Excl Criteria

behcruappointments@uhbw.nhs.uk

QR Code for Email

Email: behcruappointments@uhbw.nhs.uk