

## LINCOLNSHIRE OPTOMETRIST REFERRAL GUIDELINES (14.08.2024)

SERVICE	<b>HOSPITAL EMERGENCY EYE CASUALTY DIRECT</b> (PLEASE CALL EYE CASUALTY & EMAIL EYE CASUALTY CLINIC FORM LINCOLN: <a href="mailto:ophthalmology.CasualtyReferrals@lch.nhs.uk">ophthalmology.CasualtyReferrals@lch.nhs.uk</a> BOSTON: <a href="mailto:uh.ROD@nhs.net">uh.ROD@nhs.net</a>		<b>HES URGENT via EACH</b> (PLEASE COMPLETE URGENT OR WET AMD REFERRALTEMPLATE IN CINAPSIS)	<b>ALL ROUTINE REFERRALS via EACH</b> (PLEASE COMPLETE APPROPRIATE CINAPSIS TEMPLATE) Please do not request GPs to make routine HES referrals	<b>NO REFERRAL REQUIRED</b>
ROUTE	<b>Lincoln: 01522 572292</b> Please call the service Mon – Thurs: 9am – 5pm Fri: 9am – 10am	<b>Boston: 01205 446619</b> Please call the service Mon – Thurs: 9am – 5pm Fri: 9am – 10am	Send all referrals via Cinapsis to EACH	Send all referrals via Cinapsis to EACH  <b>Enquires email:</b> <a href="mailto:licb.lincolnshire.each@nhs.net">licb.lincolnshire.each@nhs.net</a> <b>Patient contact number:</b> 01522 309500 <b>Professionals contact number:</b> 01522 421926 DO NOT GIVE TO PATIENTS	<b>NONE</b>
	<b>Outside the hours above please call:</b> On call: 01522 512512 ask for the on call Ophthalmologist:				
URGENCY	<b>WITHIN 24 HOURS</b>		<b>AROUND 1 WEEK</b>	<b>WEEKS</b>	<b>NONE</b>
<b>CATEGORY OF CONDITIONS</b>	<b>TRAUMA</b>	chemical burn (irrigate first) / soft eye / hyphaema / vision loss / irregular pupil / laceration of lid margin / severe proptosis			mild sub-conj / lid haemorrhage
	<b>RED INFLAMED EYE</b>	corneal ulcer / vision loss / irregular pupil/ severe pain / hypopyon	Mild pain / photophobia	symptomatic + chronic redness / discharge (PWSI)	asymptomatic + chronic redness / discharge
	<b>EYELIDS</b>	acute severe swelling with reduced ocular movements/ proptosis	Herpes zoster + eye involvement / Facial palsy + corneal exposure	Chronic inflammation / entropion / ectropion CSS referrals for non-malignant persistent cysts	
	<b>CORNEA</b>	corneal graft + mild Inflammation / vision loss, corneal ulcer	Irritating sutures + inflammation	opacity / vision loss contact lens problem	asymptomatic pterygium
	<b>OCULAR MOVEMENTS</b>	acute diplopia + pupil change / bad headache	Acute diplopia	chronic diplopia child squint / amblyopia	asymptomatic adult squint
	<b>ORBIT</b>	acute severe swelling with reduced ocular movements / proptosis Suspect giant cell arteritis (GCA) + <b>NORMAL VISION</b> – send patient to A&E GCA + ocular disturbance / any other visual symptoms		chronic proptosis	Small flat naevus with no suspicious features – see College of Optometrist CMG
	<b>CATARACT</b>	cataract plus trabeculectomy – sudden loss of vision post-surgery and pain		symptomatic vision loss and VA 6/12 or worse** - <b>only refer if patient is prepared to have surgery.</b>	asymptomatic opacity OR not keen for surgery
	<b>IOP / GLAUCOMA</b>	IOP >32 + symptoms of closed angle	IOP >32	ocular hypertension / glaucoma / glaucoma suspect (fields / IOP's / Disc assessment details must be included)	
	<b>VISION / FIELD LOSS</b>	acute vision loss / acute flashes / floaters Papilledema	recent distortion***/ macular haemorrhages***	chronic unexplained vision loss	chronic flashes / floaters (more than 3 months) except in suspected uveitis.
	<b>DIABETES</b>		Proliferative	Non-urgent Maculopathy	

## NOTES

<b>PLEASE INCLUDE REFRACTION INFORMATION WHERE POSSIBLE AT ALL TIMES</b>	
<b>FOR GP INFORMATION &amp; ACTION ONLY</b>	<b>Information for GP / action for GP to be sent direct to GP (this can be done through Cinapsis)</b>
<b>FAILSAFE OFFICERS: PATIENTS LOST TO FOLLOW UP WHO ARE ALREADY UNDER HES</b>	Email enquiry to: <a href="mailto:failsafeeyes@ulh.nhs.uk">failsafeeyes@ulh.nhs.uk</a> Below are the number that patient can use to enquiry about Lost to follow up appointments who are currently under HES care: <ul style="list-style-type: none"> <li>• <b>PaedS/VR: 01522 421503</b></li> <li>• <b>Medical Retina: 01522 309675</b></li> <li>• <b>Oculoplastic/Neuro: 01522 458636</b></li> </ul>
<b>PATIENT APPOINTMENTS / UPDATE PATIENT INFORMATION / MEDICATION QUERIES / GENERAL QUERIES</b>	Please contact the Medical Secretaries on: <ul style="list-style-type: none"> <li>• <b>Lincoln – 01522 307180</b></li> <li>• <b>Boston – 01205 445203</b></li> </ul> These number can be shared with patients
<b>COMMUNITY OPTOMETRY TRIAGE ASSESSMENT AND TREATMENT SERVICE (COTATs)</b>	All routine referrals are triaged by the COTATs service within the EACH. The triage will signpost all appropriate patients to the COTATs service to support their HES colleagues and reduce demand on HES services.
<b>ELECTIVE ACTIVITY CO-ORDINATION HUB (EACH)</b>	Email: <a href="mailto:licb.referrals.lincolnshireeach@nhs.net">licb.referrals.lincolnshireeach@nhs.net</a> ; Email enquiries: <a href="mailto:licb.lincolnshire.each@nhs.net">licb.lincolnshire.each@nhs.net</a>
<b>EYE CARE LIAISON OFFICERS (ECLO)</b>	Patients who might benefit from support, advice or information with any aspects of sight loss can be referred to the RNIB ECLO Service via an nhs.net email to <a href="mailto:rnib.eclolincolnshire@nhs.net">rnib.eclolincolnshire@nhs.net</a> : <ul style="list-style-type: none"> <li>• Once the referral has been received this will be acknowledged</li> <li>• The patient will be contacted within 3 working days</li> <li>• Feedback on your referral can be requested</li> <li>• As well as name, DOB, address and contact number of the patient it would be very helpful to also state eye condition, visual acuity, any hearing impairment, and support needs identified so far.</li> </ul>
<b>LINCOLNSHIRE SENSORY SERVICE</b>	Email: <a href="mailto:contact@lincolnshiresensoryservices.org.uk">contact@lincolnshiresensoryservices.org.uk</a>
<b>LOW VISION AID ASSESSMENTS</b>	Complete the Cinapsis low vision referral template and send to EACH.
<b>CATARACT REFERRALS</b>	<ul style="list-style-type: none"> <li>• Patients with a best corrected visual acuity of 6/12 or worse in either the first or second eye <b>AND</b> as a result of the cataract have impairment in lifestyle such as substantial effect on activities of daily living, leisure activities, or increased risk of falls. OR</li> <li>• With a best corrected visual acuity of 6/9 in the worst eye where exceptional acuity is essential for their occupation (e.g. HGV licence holders) or results in debilitating symptoms such as distortion or glare</li> <li>• Cataract surgery is indicated irrespective of visual acuity for patients who have ocular co-morbidities e.g. glaucoma, diabetic retinopathy or symptomatic anisometropia</li> </ul> <b>Prior approval of funding is required for all patients who need cataract surgery but do not meet one of the above criteria.</b> <p><b>PLEASE NOTE: POST OPERATIVE CATARACT COMPLICATIONS WITHIN 6 WEEKS MUST BE SENT TO THE PROVIDER</b></p>
<b>AGE RELATED MACULAR DEGENERATION</b>	For suspected wet AMD: please use the wet AMD referral template in Cinapsis and send to EACH For retinal vein occlusions please use wet AMD referral template in Cinapsis and send to the EACH.
<b>COMMUNITY SURGICAL SCHEME</b>	<ul style="list-style-type: none"> <li>• ICB guidelines indicate that symptomatic benign lid cysts (upper &amp; lower) should be referred to the Community Surgical Scheme (CSS) in the first instance for patients over 16 years of age.</li> <li>• Prior approval is required from the ICB before blepharoplasty and direct brow lift surgery can be carried out on the NHS</li> </ul>
<b>The ocular conditions listed in this document are intended to reflect those that might be encountered in community practice. This document is not intended to be exhaustive. The suggestions for referral have been devised for GUIDANCE only. The document does not remove the practitioner's professional responsibility to each patient, who should be dealt with on an individual case basis.</b>	

Reviewed: July 24

Next Review: July 25