

Forth Valley Area Optical Committee

Referral Guidelines for Optometrists.

Hospital Same Day

Chemical Injuries
Unexplained sudden loss of vision
Penetrating injuries
Herpes Zoster (*to GP same day*) – with Hutchinson's sign *next day to hospital*
ANTERIOR
Hyphaema
Hypopyon
Microbial keratitis with red eye
Periorbital inflammation with pain and swelling
Corneal foreign body
VITREOUS
Acute flashes and floaters with tobacco dust
Vitreous haemorrhage
POSTERIOR
CRAO
Retinal breaks and tears
Retinal detachment
Suspected temporal arteritis
Uveitis
Wet maculopathy with metamorphopsia (especially if sole eye & VA 6/24 or better)
Papilloedema (to neuro-surgery)
Third nerve palsy
GLAUCOMA
Acute red eye with raised IOP
DIABETES
Pre-retinal haemorrhage
Rubeosis with VA hand movements or better Retinal Detachment

Urgent

Acute diplopia
Unexplained gradual loss of vision
ANTERIOR
Eyelid melanoma
Scleritis
VITREOUS
Vitritis
FUNDUS
Amaurosis fugax
ARMD with recent Amsler defects
CRAO more than 24 hours old
CRVO
Direct blunt trauma to eyeball
Maculopathy with recent change in VA
New macular hole
Optic disc haemorrhage
Optic disc pallor (suspected compressive lesion)
Retinitis
GLAUCOMA
IOP greater than 30mmHg
DIABETES
Focal maculopathy
NVD/NVE
Exudates within 1DD of fovea
Unexplained loss of vision

CRAO = central retinal artery occlusion

CRVO= central retinal vein occlusion

Non Urgent

Non-refractive managed squint/amblyopia in child
Variable non specific or Repeatable field defects
LIDS AND AREA
Acquired ptosis
Basel cell carcinoma
Changed melanosis of lids or conjunctiva
Entropion
Episcleritis
Exophthalmos/proptosis
Inflamed pingueculae
Persistent cysts of Meibomian, Zeis or Moll
Persistent hordeolum
Suspected malignant lesions (except lid melanoma)
CONJUNCTIVAL AREA
Conjunctival cysts or inclusions-symptomatic
Conjunctivitis with VA ? Persistent epiphora (with blocked tear duct)
Severe dry eye
CORNEA
Corneal dystrophy with reduced VA
Keratoconus(new)
Pterygium with?VA
IRIS
New pupillary defect
Rubeosis with no sight
Iris melanoma
CATARACT
If patient symptomatic and wishes surgery.
FUNDUS
ARMD with stable poor VA (if ?LVA assessment) Dry ARMD reduced VA
Retinal haemorrhages Optic disc pits
Retinitis pigmentosa
Choroidal melanoma
GLAUCOMA
IOP between 26 & 30mmHg/Optic disc pallor/Suspicious disc cupping with persistent field defect/Cupping not obeying ISNT with IOP less than 26mmHg
DIABETES
Hard exudates within 2DD of macula
Pre-proliferative retinopathy

GP/Optomtrist Managed

GP Managed

Cholesterol emboli Persistent sub conj haem Xanthelasma

Optometry Managed

(see notes on medication, and GOS funding)

Refractively managed squint
Chronic blepharitis
Hay fever and allergic conjunctivitis (normal VA)
Hordeolum
Ingrowing lashes (up to 3 epilations performed)
Meibomian gland dysfunction
Pingueculae
Sub-conjunctival haemorrhage (sporadic)
Superficial foreign bodies
Diagnosed episcleritis
CORNEA
Diagnosed dystrophy with good/stable VA
Dry eye
Pterygium not threatening visual axis
Superficial corneal abrasions
IRIS
Diagnosed Holmes-Adie pupil
CATARACT
If patient asymptomatic or symptomatic but does not wish to undergo surgery.
VITREOUS
Floaters onset more than 3 months with good vision
Posterior Vitreous Detachment
FUNDUS
Dry ARMD with stable Amsler & VA
ARMD with stable poor VA
Diagnosed flat choroidal naevus
Existing macula hole
Maculopathy with stable VA
Epiretinal membrane with stable VA
Disc cupping only (fields and IOP normal)
DIABETES
No retinopathy
Non-proliferative (background) retinopathy
Patients attending Diabetic Clinic and recently photographed will not necessarily be offered dilated BIO

What is this document for?

The introduction, on 1st April 2006, of the new NHS (General Ophthalmic Services) (Scotland) Regulations 2006, provides for free "Eye Examinations" for all, appropriate to the presenting symptoms, and a mechanism for the triage and referral, treatment or co-management of ocular disorders. It is the stated intention of the Scottish Executive Health Department that Optometrists should be the first port of call for eye-related problems.

The implementation of the new contract, and of the CCI Care Pathways for common eye conditions has been left to Health Boards, with a singular lack of direction as to how this should be done. This leaves GPs, optometrists and hospital departments without guidance as to referral mechanisms and exposed to legal action should things go wrong.

It is considered a good legal defence if in any given circumstance a professional acts in accordance with the normal practices of the majority of his peers. This document seeks to represent the peer view of Optometrists (and not any other professional group) within Forth Valley of how common eye conditions should be dealt with. It also seeks to inform GPs, Practice triage Nurses, and the Hospital Eye Service of that view, and of our recommended procedures for referral. To that end, it is being circulated to those groups concerned in the direction of patients with eye-related symptoms.

The Area Optometric Committee believe that Waiting Times, the Patient Journey, and Outcomes within Forth Valley will be greatly improved if this document is given a high profile in appropriate quarters. It is possible that National guidelines will replace it wholly or in part

Further information on the new GOS contract is available on the Optometry Scotland web site:- www.optometryscotland.co.uk. Any queries arising from this document may be addressed to me at ads@rbs-opts.com

I trust that all concerned will find this to be a useful tool in everyday practice.



Alasdair Stewart,
Chair, Forth Valley Area Optometric Committee

Notes to GPs:-

Medication:

Optometrists do not currently have NHS prescribing rights: any prescription issued by them is private. Appropriate co-management by GP and optometrist, permissible by mutual consent or by local protocol, can resolve this issue.

(GOS Funding – New Contract)

Inclusion of an Optometry Managed procedure in column 4 does not necessarily imply that a given treatment or procedure is wholly or partially funded by GOS. Optometrists may at their discretion charge privately for same. Patients who do not wish to fund such treatments may be referred to HES or to the GP.

DISCLAIMER

Forth Valley Area Optical Committee

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, but to represent the peer view of Optometrists practising in NHS Forth Valley as to appropriate management.

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. Nor does it seek to direct or instruct the management of patients by other health care professionals.

Routine referrals

In order to ensure that patients are appointed to the appropriate clinic, referrals should be addressed to the Ophthalmology Department. Where a referral is to be directed to a named consultant for specific clinical reasons, this will of course be accommodated.

According to where the patient lives, routine referrals should be sent to:

**Appointments Office
(Ophthalmology)
For Attention [Glaucoma
Clinic/Diabetic Clinic/ Named
Doctor/ etc.]
Priority:[Urgent/Soon/Routine]
Health Records Department
Falkirk Royal Infirmary
Majors Loan
Falkirk FK1 5QE**

**Appointments Office
(Ophthalmology)
For Attention [Glaucoma
Clinic/Diabetic Clinic/ Named
Doctor/ etc.]
Priority:[Urgent/Soon/Routine]
Health Records Department
Stirling Royal Infirmary
Livilands Lane
Stirling FK8 2AU**

To enquire about the progress of a referral please contact the

appointments office via the hospital switchboard.

Emergency referrals

For advice and appointments for patients who need emergency care between 9am and 4.30pm, please ring the **Ophthalmology Triage Nurse** at Stirling Royal Infirmary on **01786 434106**. (Fax 01786 434464, but note that referral by Fax is **not** preferred.)

Emergency clinics are run on a daily basis, alternating between the Stirling and Falkirk sites. You will be asked for the following information:

Full name of Px
Date of birth
Telephone Number
Address

Whether Px has attended Eye Clinic before,

If yes, who was consultant, if known, Signs and Symptoms:- Nature, onset, duration, frequency
Relevant findings and background data (eg IOPs, VA's etc.)

Diagnostic and/or treatment drugs and procedures used (eg. Dilated, BIO, tropicamide 0.5%, Cpl1% prophylaxis etc.)

Name and contact number of referring optometrist