**Urgent Macula Referrals**

**For all Optometrists in SE London**

Dear All Optometrists

This guidance is aimed at ALL Optometrists practicing in SE London – whether MECS or Non MECS. We have a referral pathway for Urgent Macula referrals, and it must be followed to ensure that any urgent macula patients are seen in the correct clinic in the appropriate time scale.

From triage and HES feedback, there have been several cases where an urgent macula patient has been referred via the GP – this has created a significant delay in patients being seen and there is the serious consequence that patients who could have been seen and treated successfully may result in permanent sight loss.

As an Optometrist it is your responsibility to know the local pathways for all referrals. This applies to both MECS and non MECS practices.

In SE London we have a pathway for Urgent Macula, and you must follow it. As an Optometrist you have a duty of care and that includes knowing the referral pathways in the area that you are providing eye care.

There are some differences in the referral method between MECS and non MECS – however the pathway is the same – the referral is urgent, and the patient needs to be seen within 2 weeks – the referral has to go direct to the HES and not via the GP

If you are a MECS, depending upon which HES site you are referring, you can either use ERS or email using your nhs.net account – details below

**The Referral Process**

Please complete the referral form (copy below with further instructions and guidance for what to refer in the referral)

Email from your nhs.net or ERS to the local HES urgent macula clinic (all HES urgent macula emails are listed in the table below)

The HES will contact the patient and arrange an appointment usually within 2 weeks

If the patient has not heard from the HES within 2 weeks of the referral being sent – chase.

|  |  |  |
| --- | --- | --- |
| **HES** | **Email Address** |  |
| **Kings Queen Mary’s Sidcup** | [**kch-tr.Urgenteyesqms-referrals@nhs.net**](mailto:kch-tr.Urgenteyesqms-referrals@nhs.net)  ***If you have access to ERS you can book via ERS*** | **Co-ordinator:**  **01689 865995** |
| **Kings Denmark Hill** | [**kch-tr.earlyreferralservice@nhs.net**](mailto:kch-tr.earlyreferralservice@nhs.net)  **Co-ordinator:**  Giovanni Nathaniel: [g.nathaniel1@nhs.net](mailto:g.nathaniel1@nhs.net) | **Co-ordinator:**  **020 3299 1522 Known px can call 020 3299 4548  (or the secretaries on 020 3299 0828)** |
| **Orpington (this has replaced PRUH)** | [**kch-tr.urgenteyespruh-referrals@nhs.net**](mailto:kch-tr.urgenteyespruh-referrals@nhs.net) ***If you have access to ERS you can book via ERS*** | **Co-ordinator:**  **01689 865720** |
| **St Thomas’ Westminster** | [**Gst-tr.gsttophthalmologymedicalsecretaries@nhs.net**](mailto:Gst-tr.gsttophthalmologymedicalsecretaries@nhs.net)  ***If you have access to ERS, please book via ERS*** | **020 7188 4336 (eye casualty)**  **Px known to GSTT can call Nettleship clinic 0207 188 7188 ext 84321** |
| **Moorfields** | [**meh-tr.wetarmd@nhs.net**](mailto:meh-tr.wetarmd@nhs.net) | **020 7566 2311** |

**What to include on your email:**

In the email title please put the reason for referral, px name and DOB all in \*\*\*

For example:

**\*\*\* Mr Fovea Fluid 01/01/1950 \*\*\*suspect wet amd\*\*\***

**This clearly shows the admin team what the referral is for and which Ophthalmologist they may need to refer onto.**

**Attachments**

* If you have an OCT and have taken a scan – please add as an attachment
* If the patient has drawn their distortion on an Amsler chart – that can also be attached
* Also, please complete the form below – if you do not use the form below and write a letter, be sure to include all the information that is requested on the Urgent Macula form.
* Using the form helps us all be consistent with information and when consultants are reading the referrals its easier if all under the same format finding the relevant information
* Patient details -please ensure you have all up to date contact details – mobile and also email address if possible

Also, it is a good idea to give the patient a copy of their referral and any OCT scans

**Please send a copy to the patient’s GP so they know they have been referred and the referral is documented in the patient’s notes – please write clearly on the referral that you have already referred the patient directly and that the copy is a notification – write this on the letter – not on the envelope or a compliment slip but on the actual referral.**

**If an urgent referral ends up in triage, we have to document the referral has been referred inappropriately and ensure that the patient is referred and seen and treated quickly which often creates unnecessary upset and panic to the patients.**

**If you have any questions or queries, please ask**

**Thank you**

**BBG and LSL LOCs and Primary Ophthalmic Solutions**

**Urgent Macula Referral Form**

**Referral Guidelines: (one answer must be 'yes')**

-     Visual loss and VA in affected eye – 6/96 or better

-     Recent sudden onset of central distortion (usually less than 6 months)

-     Fundal appearance suggestive of choroidal neovascularization, such as haemorrhage,

subretinal fluid

**PATIENT DETAILS**Title:       Surname:        First Name(s):

  DOB:         NHS No:       Telephone:         Email:         Ethnicity:

|  |  |
| --- | --- |
| Px Address: | GP Information: |
| Postcode: | Optometrist Information: |

**Spectacle Rx & VAs:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sph | Cyl | Axis | Prism | Base | BCVA | PH | Add | NVA | Previous BCVA | Amsler Distortion ? |
| R |  |  |  |  |  |  |  |  |  |  |  |
| L |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Right Eye Affected: Yes   No    Since        weeks  Left Eye Affected:   Yes   No    Since        weeks | Other notes on referral:           OCT scan attached: |
| Previous history of AMD in fellow eye: Yes   No  Does the patient have Diabetes:          Yes   No  Is there evidence of Vein Occlusion     Yes   No |
| In the AFFECTED EYE ONLY, presence of:-    Macula haemorrhage (preretinal, retinal, subretinal)    Subretinal fluid    Drusen in the other eye |

**INFO FOR PATIENT:**  You should be contacted within 1-2 weeks.

If you have not heard, please contact the ophthalmology department of the relevant hospital

**INFO FOR GP:** Notification only - this referral has been sent directly via the Urgent ARMD pathway.

|  |  |  |
| --- | --- | --- |
| **INFO FOR OPTOMETRIST** | | |
| For QMS or Orpington – send via e-RS stating Wet AMD (non-MECS can email)  QMS [**kch-tr.Urgenteyesqms-referrals@nhs.net**](mailto:kch-tr.Urgenteyesqms-referrals@nhs.net)  Orpington [**kch-tr.urgenteyespruh-referrals@nhs.net**](mailto:kch-tr.urgenteyespruh-referrals@nhs.net) | Checklist: | Completed form  Sent via e-RS or via NHS mail Marked as Urgent  Copy for information given to patient  Copy for information given to patient’s GP |
| For KCH, GSTT or MEH – if sending via NHSmail MARK **URGENT MACULAR REFERRAL**:-  [**Gst-tr.gsttophthalmologymedicalsecretaries@nhs.net**](mailto:Gst-tr.gsttophthalmologymedicalsecretaries@nhs.net)  [**meh-tr.wetarmd@nhs.net**](mailto:meh-tr.wetarmd@nhs.net) [**kch-tr.earlyreferralservice@nhs.net**](mailto:kch-tr.earlyreferralservice@nhs.net) |