

11th February 2026

Dear Colleagues,

We are writing jointly on behalf of the two Southeast London (SEL) Local Optical Committees (LOCs) and Primary Ophthalmic Services (POS) to reiterate the SEL Integrated Care Board (ICB) commissioned cataract referral pathway and to highlight important patient safety and professional governance considerations.

Key message

Under the current SEL commissioning arrangements, community optometrists must not refer SEL cataract patients directly to Independent Sector Providers (ISPs).

All cataract referrals must be submitted via the commissioned triage pathway (see below for specific instructions).

This applies to all ISPs (including, but not limited to, CHEC, SpaMedica, Optegra, and any other independent providers delivering services to SEL patients), and regardless of any advice given by ISP representatives.

Why this matters

We are aware that some optometrists have been advised that direct referral to an ISP may be acceptable or beneficial for patients. However, bypassing the commissioned triage pathway introduces avoidable risks, including:

- Delays to patient care - Where referrals are made directly to ISPs (for example via provider portals or direct email), patients frequently have to be redirected back into triage at a later stage. This leads to delays, duplication of referrals, and patient confusion.
- Patients being placed on clinically inappropriate pathway - Central triage ensures appropriate stratification, considering likely surgical complexity, ocular co-morbidity, and medical or anaesthetic risk. Direct referral removes this safeguard and may result in patients being listed inappropriately.
- Loss of robustly documented patient choice - The commissioned pathway ensures that patient choice is formally offered, recorded, and auditable. Where a patient is referred directly to a named ISP outside this process, and subsequently raises concerns or a complaint, the absence of compliant documentation may expose the referring optometrist and practice to professional challenge.
- Fragmented clinical governance - The SEL pathway provides consistent clinical oversight, auditability, and system-level governance. Circumventing this process undermines the safeguards designed to protect both patients and clinicians.

The SEL ICB has made it clear to ISPs that they should not accept direct referrals for SEL patients. Adherence to the agreed pathway is therefore essential to:

- protect patients,
- protect individual clinicians and practices,
- and maintain a safe, equitable, and sustainable community ophthalmology service.

What we are asking you to do

Please ensure that you:

- Submit all cataract referrals via the SEL commissioned triage pathway only.
 - COTS (MECS) practices: via eRS into ‘SEL MECS OPTOM REFERRALS’
 - Non-COTS (MECS) practices: via NHS/Egress email to the relevant shared mailbox:

Bexley GP patients: bexccg.ophthalmologyspo@nhs.net

Bromley GP patients: selicb.bbgspa@nhs.net

Greenwich GP patients: Ich.greenwich.meecs@nhs.net

Lambeth GP patients: lamccg.ophthalmologyspor@nhs.net

Southwark GP patients: souccg.ophthalmologyspor@nhs.net

Lewisham GP patients: lewccg.meecs@nhs.net

- Do not use ISP portals for direct referral, even if access, reassurance, or incentives are offered.
- Escalate any conflicting advice received from ISP representatives to your LOC or POS so that it can be addressed centrally.

LOC representatives will also be engaging directly with practices over the coming months to support understanding and implementation of the pathway.

Thank you for your continued professionalism and for placing patient safety and high-quality care at the centre of your practice.

If you have any questions or require clarification, please contact your LOC or POS through the usual channels.

Kind regards,

On behalf of:

BBG Local Optical Committee (LOC)

LSL Local Optical Committee (LOC)

Primary Ophthalmic Services (POS)