Paediatric Eyecare Update

This update contains important information with regard to Paediatric Ophthalmology Services which are managed and provided by Belfast Health and Social Care Trust (BHSCT). Please ensure that you read this update and share with all optometrists working in your practice.
The Paediatric Ophthalmology Service in the Belfast Health and Social Care Trust accepts referrals for suspected eye problems in children under 16 years of age. These referrals come from many different sources – Optometrists, GPs, Eye Casualty, Paediatricians, Ophthalmologists, Orthoptists etc…..

1. A significant number of referrals are received electronically via CCG; i.e. from GPs and Optometrists.
2. Referrals are triaged daily by the paediatric ophthalmology team.
3. These referrals are triaged either as priority (within 2 days up to 3 weeks), urgent (3-6 weeks), or routine depending on the clinical findings and information recorded in the referral.
From April 2018 referrals to BHSCT Paediatric Ophthalmology should simply be annotated as either:

‘Urgent’ OR ‘Routine’

- BHSCT have an internal referral management process to deal with all referrals including those which are determined as “urgent”. All urgent referrals are scanned to a priority clinic pathway known as POPCC. Referrals are triaged daily in BHSCT and the patient is allocated an appointment appropriate to clinical need.

- Soon BHSCT will begin to triage referrals as part of a paper-light pathway using the Northern Ireland Electronic Care Record (NIECR) and to facilitate this new process referrals must now be simply annotated as “routine” or “urgent”.

- Paediatric Ophthalmology in BHSCT will manage all referrals in a timely and appropriate manner. To assist Optometrists, the paediatric eyecare guidance issued in December 2015 to Optometry practices has been revised and updated, providing clarification on the urgency of referral.

- This revised guidance is hosted at the following link:
  http://www.hscbusiness.hscni.net/services/2699.htm

It is important that you consider this revised guidance when presented with a child who you determine may require assessment by Ophthalmology services in BHSCT.
In recent years there has been a consistent increase in referrals to paediatric ophthalmology services managed by the BHSCT. It is noted that there has been a significant and marked increase in referrals in regard to “abnormal or suspicious” optic discs.

The following provides some information in regard to:

- Number of referrals and suspected conditions including those for “abnormal/suspicious discs” which were processed via the priority clinical pathway
- Outcomes of these referrals
- Advice on how BHSCT manage referrals and what Optometrists need to consider when generating referrals
Urgent Paediatric Ophthalmology: “Suspicious Optic Discs” Referrals 2015-17

Belfast HSCT Audit, 2017

Presented by BHSCT Paediatric Eye Team at Ophthalmology Departmental Audit
### BHSCT Paediatric Ophthalmology:
#### All “Urgent” Referrals 2016 (n=910) by condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/R</td>
<td>2</td>
</tr>
<tr>
<td>Vision disturbance/Diplopia</td>
<td>34</td>
</tr>
<tr>
<td>Trauma</td>
<td>77</td>
</tr>
<tr>
<td>Squint</td>
<td>64</td>
</tr>
<tr>
<td>Red Reflex Problem</td>
<td>154</td>
</tr>
<tr>
<td>Raised IOP/Glaucoma</td>
<td>154</td>
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<tr>
<td>Ptosis</td>
<td>14</td>
</tr>
<tr>
<td>Periorbital/Orbital Cellulitis</td>
<td>32</td>
</tr>
<tr>
<td>Nystagmus</td>
<td>64</td>
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<tr>
<td>Lid swelling/Haemangioma/Amniocele</td>
<td>10</td>
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<tr>
<td>Herpetic Eye Disease</td>
<td>10</td>
</tr>
<tr>
<td>FHx of Retinoblastoma</td>
<td>18</td>
</tr>
<tr>
<td>FHx of Congenital Glaucoma</td>
<td>18</td>
</tr>
<tr>
<td>Cranial Nerve Palsy</td>
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<tr>
<td>Abnormal optic discs</td>
<td>106</td>
</tr>
</tbody>
</table>

Presented by BHSCT Paediatric Eye Team at Ophthalmology Departmental Audit

*Belfast HSCT Audit, 2017*

**ABNORMAL/SUSPICIOUS DISCS**

106 /910 referrals = approx 12%
Abnormal Optic Discs 2016 Referral Outcome

- Referral to hospital orthoptist: 1
- Referral to hospital ophthalmologist: 15
- Referral to CPOS: 1
- Pending Ix: 1
- Other: 1
- Further POPCC appointment: 2
- Discharge: 83
- Admitted Paediatrician: 1

ABNORMAL/ SUSPICIOUS DISCS
83/106 referrals discharged = approx 78%

Presented by BHSCT Paediatric Eye Team at Ophthalmology Departmental Audit

Belfast HSCT Audit, 2017
Paediatric Ophthalmology: What the referrer needs to bear in mind...

The Paediatric Ophthalmology Service triage and manage all referrals in a timely and appropriate manner (as Priority/ Urgent/ Routine). The number of referrals for “abnormal/suspicious discs” has increased in the past 2 years and audit has evidence that:

- There is significant variation of management of children with “difficult discs.”
- Children with innocent drusen are still being “over-investigated.”
- Parents and children report high levels of anxiety generated by referral onwards.
- A small number of children with significant issues have presented very late.
- High number of false positives and small number of concerning false negatives.
Paediatric Ophthalmology: “Suspicious Discs”

What the referrer needs to bear in mind...

OPTOMETRISTS SHOULD:
✓ Read and apply the BHSCT Paediatric Eyecare Guidance

ANSWERS TO THESE QUESTIONS WILL ASSIST IN PROVIDING IMPORTANT AND RELEVANT INFORMATION FOR A REFERRAL

WHEN REFERRING A PATIENT WITH “SUSPICIOUS / ABNORMAL OPTIC DISCS OPTOMETRISTS SHOULD ALWAYS CONSIDER:
✓ Why did patient attend, was it a routine test?
✓ Is the child unwell?
✓ Is the child’s behavior unusual?
✓ Is the child able to go to school, eating and drinking?
✓ Is there a persistent headache; is it worse in mornings?
✓ Has the patient been shunted?
✓ Isolated history of brain tumour in family member – this is NOT significant
✓ OCT Scans are of limited value and inconsistencies in methods of scanning are not helpful in subsequent diagnosis. Fundus/Disc images if of “clear/sharp definition” and which evidence an observed ‘change’ from a previous clinical finding should be sent with the referral where possible (e.g. attachment via CCG)
OPTOMETRISTS SHOULD BE ASSURED IN REGARD TO THE CARE PATHWAY FOR CHILDREN REFERRED TO PAEDIATRIC OPHTHALMOLOGY:

- BHSCT Paediatric Ophthalmology Service will accept, triage and manage all referrals to the service.
- BHSCT understand and recognise the need for children with swollen/suspicious discs to require ophthalmological assessment and diagnosis.
- An optometrist should annotate a referral as “Urgent” or “Routine” **in line with the guidance provided by the HSCT**. The timely allocation of an appointment will be made by the BHSCT and Optometrists should not offer any indication of how soon a child should or will be assessed by the paediatric ophthalmology service.
Paediatric Ophthalmology:
What the referrer needs to bear in mind...

IN ORDER TO AVOID THE POTENTIAL FOR RAISED ANXIETY FOR PARENTS/GUARDIANS IN REGARD TO A REFERRAL IT IS ADVISED THAT OPTOMETRISTS SHOULD:

✓ Avoid recalling children for a “follow up check” on their initial clinical finding. When a referral has been sent by the Optometrist and has been received by the Health and Social Care Trust (HSCT) responsibility has been transferred to the HSCT. Referrals that are sent either directly by the optometrist using eReferral/CCG or via the GP, will be received electronically by the HSCT and they will be actioned accordingly.

✓ Avoid telephoning parents/guardians after a referral has been made to ask if an appointment has been received. When generating a referral, a contact phone no. for the patient must be provided and the HSCT will subsequently initiate contact with the parent/guardian as per the information given.
Paediatric Ophthalmology: “Suspicious Discs”
What the referrer needs to bear in mind...

- In applying the referral guidance & implementing paediatric eyecare advice provided by the BHSCT, there will be reduced likelihood of any heightened anxiety after a referral has been made.

- Raised levels of anxiety have the potential to cause a parent/guardian to worry and consequently sometimes take actions which may not be necessary e.g. attendance at a casualty department. Should this happen, it has the real potential to expose a child to unnecessary diagnostic medical tests e.g. unwarranted radiological exposure, lumbar punctures etc.....which ophthalmology may not have deemed appropriate or necessary.

- Whilst an optometrist may have justifiable concerns when generating a referral for “suspicious discs”, please ensure that at all times you endeavour to avoid transfer of any concern you might have to the child and parents/guardian. This will assist greatly in the management of the referral by the Hospital Eye Service.
Thank you for reading this paediatric eyecare update and for your consideration and application of the guidance and advice. Should you have any queries in regard to this update please contact any one of the Health and Social Care Board Clinical Optometric Advisers

Thank you