

To: All Ophthalmic Contractors

18th February 2020

Dear Colleague,

Guidance on outpatient waiting times.

With continued pressure on waiting times for routine ophthalmology outpatient appointments across Northern Ireland, it is likely that ophthalmic practice staff are often contacted by concerned patients.

It is important that patients are given clear, consistent advice in a helpful way so that they understand the current pressures and waiting times. In most cases simple reassurance that an effective triage system has prioritised appointments for those most in need is the correct approach.

However, it is acknowledged that deterioration in clinical condition, or new symptoms since their original referral, may require additional information to be provided to secondary care in relation to a patient previously referred. This may be done by submitting a “follow up” referral. **This should only be done in circumstances where it is felt that the changes may indicate a need for consideration by an ophthalmologist regarding re-prioritisation of the original referral or, where the new findings may have a potential to impact on the ophthalmology management of the patient.**

If the patient’s condition is static sending a follow up referral is unlikely to alter their prioritisation and waiting time and will not give them an advantage over other patients with a similar clinical priority. The waiting time for an appointment will be dictated by the triage process and the capacity of the service.

It is important that patients are clearly informed of this and that expectations are not raised inappropriately. It may be helpful also to make them aware that allocation of patients to clinics is undertaken in line with HSCT booking protocols and they therefore may not receive an appointment letter until close to the allocated appointment date, following the booking process.

Please read the following guidance, on sending a 'follow up' referral for patients who have been previously referred and where the clinical status has changed/deteriorated and share it with all clinicians in your practice.

Protocol for Optometrists submitting a 'follow up referral' using CCG e referral

1. The follow up referral must be made to the same CCG destination as the original referral e.g. if the original referral was made to Craigavon Hospital: Ophthalmology – Cataract, the follow up must be sent there also.
2. It must be clearly stated that this is a follow up referral using the protocol noted below.
 - a. In the **Main Presenting Complaint: Provisional diagnosis box** state: **"Follow-up referral"**
 - b. In the **Additional Information box** state:
**"Follow up referral due to significant clinical changes. Patient is awaiting first outpatient appointment.
Original referral sent: datexxx"**

*N.B Please also provide full detail on nature of clinical changes found or new symptoms since the original referral. These **must specifically relate to the reason for the original referral.**

Protocol for Optometrists submitting a 'follow-up' referral on paper via the GP (i.e. where the original referral was not sent via CCG from the Optometrist)

In light of GP workload pressure please do not ask GPs to "chase" referrals.

1. The GP will be submitting the referral via CCG so must be advised that the 'follow-up' referral must be submitted to the original CCG destination as described above. The GP practice will need to check which CCG destination was selected originally (and therefore the optometrist will need to advise of what the original referral related to).

2. The GP should be asked to scan the follow-up optometry referral letter and attach it to the 'follow-up' CCG e referral which is being generated by the GP practice.
3. The optometry follow-up referral letter must clearly state that it is a follow-up referral due to clinically significant changes and that the patient is awaiting a routine ophthalmology outpatient appointment. Please ensure that you provide the original date of referral. The follow up referral letter should include details of the clinical changes found or new symptoms since the original referral.

The current situation is difficult for both patients and clinicians, and HSC Board, Trusts and you, as primary care providers, are employing strategies and services to help manage unprecedented demand. However, as health care professionals, you can give anxious patients some reassurance by providing information to aid their understanding of the situation, and help to ameliorate any concerns they may have.

Please share this information with all clinical staff in your practice.

If you need any further guidance please contact one of the HSCB clinical optometric advisers in the first instance.

Yours sincerely

Raymond Curran

Head of Ophthalmic Services
Directorate of Integrated Care
Health & Social Care Board

Optometric advisers

Fiona North	Tel: 028 95 363347	Email: Fiona.north@hscni.net
Janice McCrudden	Tel: 028 95 362855	Email: Janice.mccrudden@hscni.net
Margaret McMullan	Tel: 028 95 363239	Email: Margaret.mcmullan@hscni.net