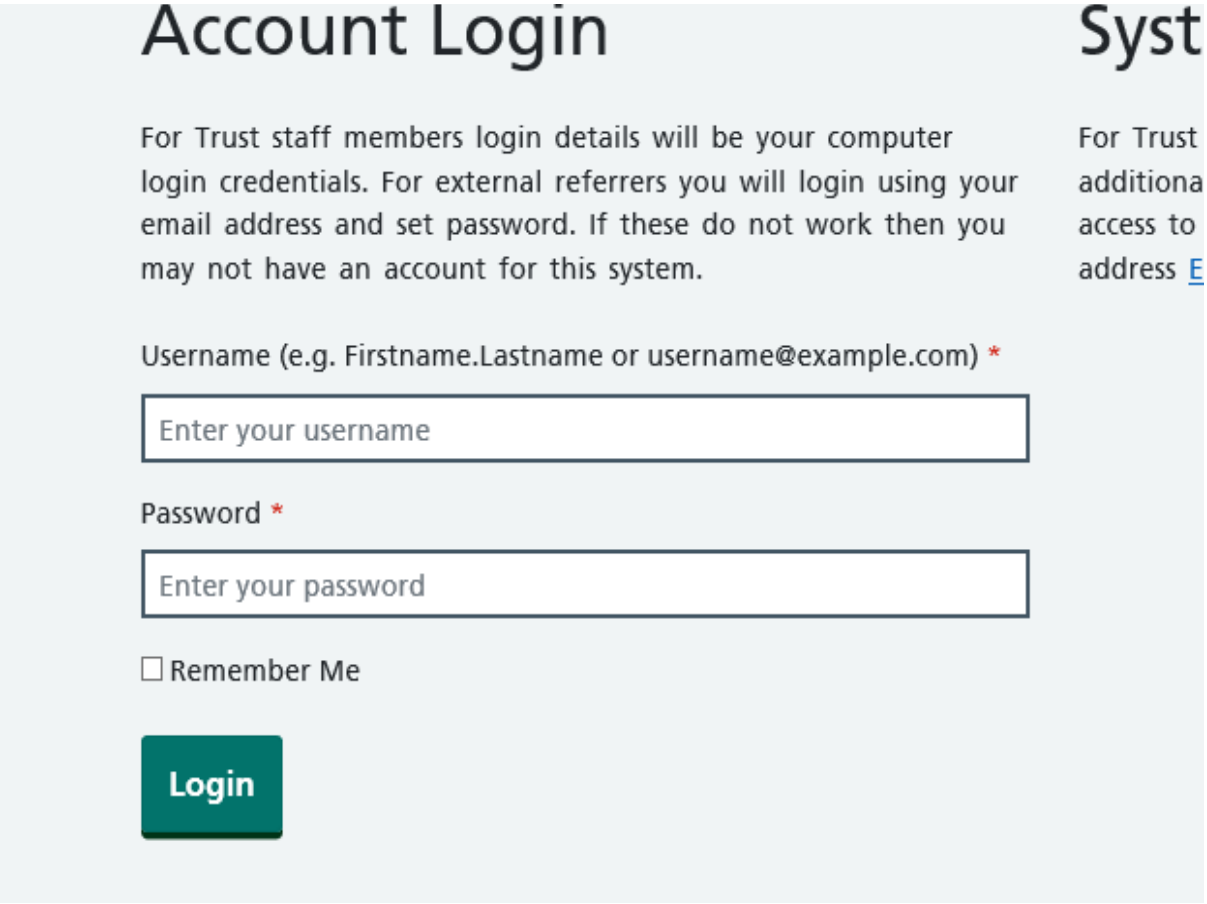
Calderdale and Huddersfield NHS
NHS Foundation Trust

HEAD & NECK SERVICES
EYE CARE SERVICES (OOO)

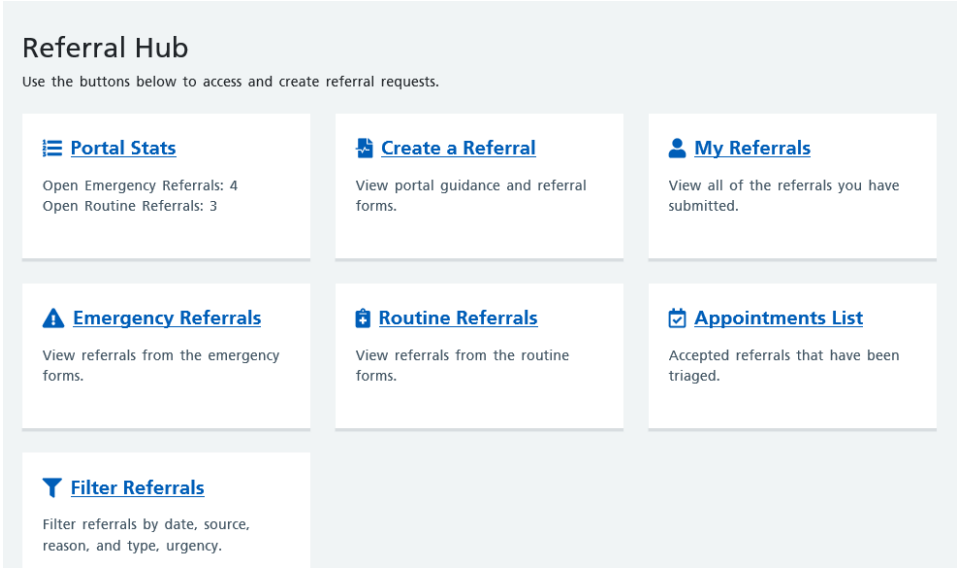
Ophthalmology, Orthoptics, Optometry - Electronic Referral Portal

Step by step referrals

1. Load up portal via link https://ophthalmology.cht.nhs.uk/testing/
2. Login using username and password – sent to you in email



3. **Click on the ‘create a referral’ section – access to home page with portal guidance**



4. Click on ‘create new emergency referral’ for all emergency referrals
   Click on ‘create new cancer referral’ for all cancer suspect referrals
   Click on ‘create new Wet AMD referral’ for all suspect Wet AMD referrals
   Click on ‘create new routine referral’ for all routine referrals

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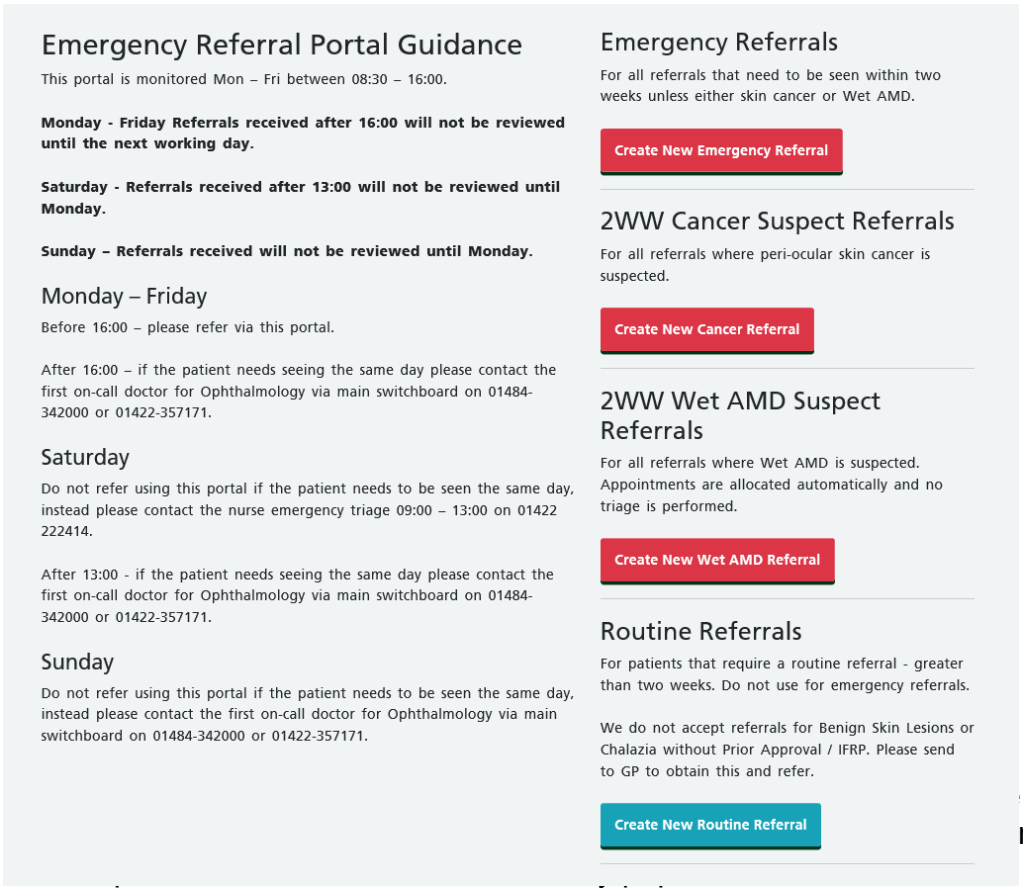


Emergency Referral Portal Guidance

This portal is monitored Mon – Fri between 08:30 – 16:00.

Monday - Friday Referrals received after 16:00 will not be reviewed until the next working day.

Saturday - Referrals received after 13:00 will not be reviewed until Monday.

Sunday – Referrals received will not be reviewed until Monday.

Monday – Friday

Before 16:00 – please refer via this portal.

After 16:00 – if the patient needs seeing the same day please contact the first on-call doctor for Ophthalmology via main switchboard on 01484-342000 or 01422-357171.

Saturday

Do not refer using this portal if the patient needs to be seen the same day, instead please contact the nurse emergency triage 09:00 – 13:00 on 01422 222414.

After 13:00 - if the patient needs seeing the same day please contact the first on-call doctor for Ophthalmology via main switchboard on 01484-342000 or 01422-357171.

Sunday

Do not refer using this portal if the patient needs to be seen the same day, instead please contact the first on-call doctor for Ophthalmology via main switchboard on 01484-342000 or 01422-357171.

Emergency Referrals

For all referrals that need to be seen within two weeks unless either skin cancer or Wet AMD.

Create New Emergency Referral

2WW Cancer Suspect Referrals

For all referrals where peri-ocular skin cancer is suspected.

Create New Cancer Referral

2WW Wet AMD Suspect Referrals

For all referrals where Wet AMD is suspected. Appointments are allocated automatically and no triage is performed.

Create New Wet AMD Referral

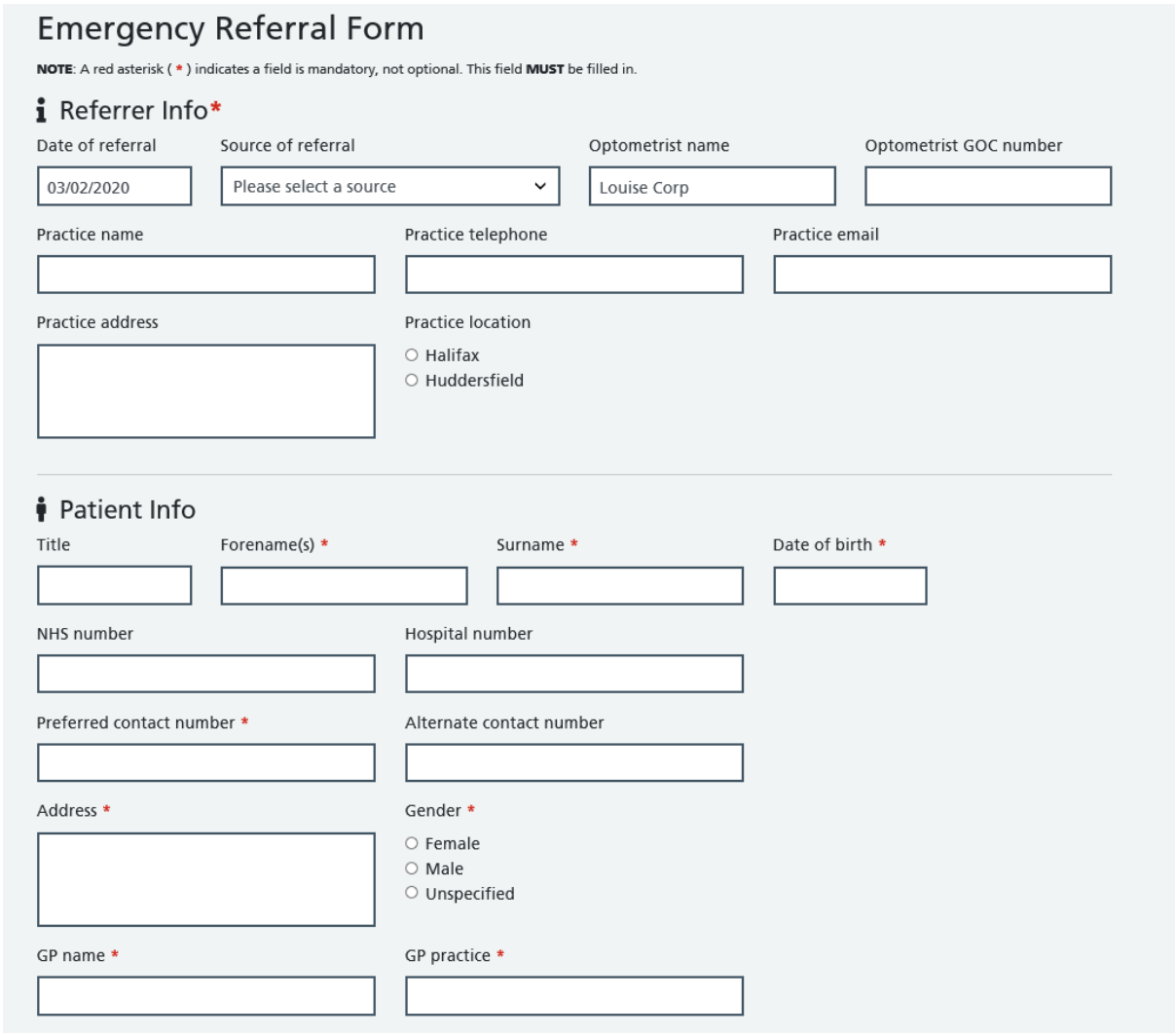
Routine Referrals

For patients that require a routine referral - greater than two weeks. Do not use for emergency referrals.

We do not accept referrals for Benign Skin Lesions or Chalazia without Prior Approval / IFRP. Please send to GP to obtain this and refer.

Create New Routine Referral

5. same
name,



Emergency Referral Form

NOTE: A red asterisk (*) indicates a field is mandatory, not optional. This field **MUST** be filled in.

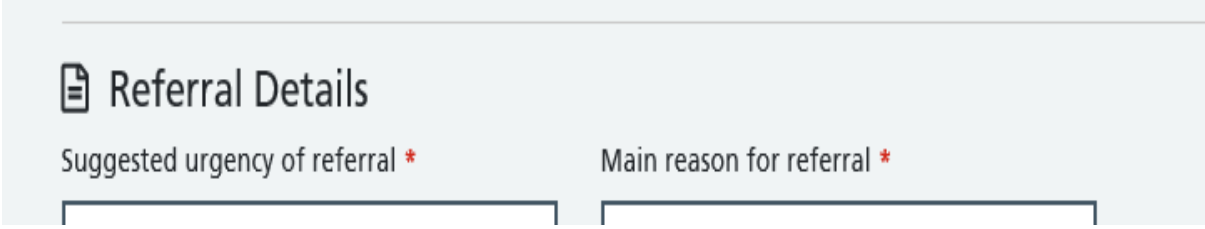
Referrer Info*

Date of referral: 03/02/2020
Source of referral: Please select a source
Optometrist name: Louise Corp
Optometrist GOC number
Practice name
Practice telephone
Practice email
Practice address
Practice location: Halifax, Huddersfield

Patient Info

Title
Forename(s) *
Surname *
Date of birth *
NHS number
Hospital number
Preferred contact number *
Alternate contact number
Address *
Gender *: Female, Male, Unspecified
GP name *
GP practice *

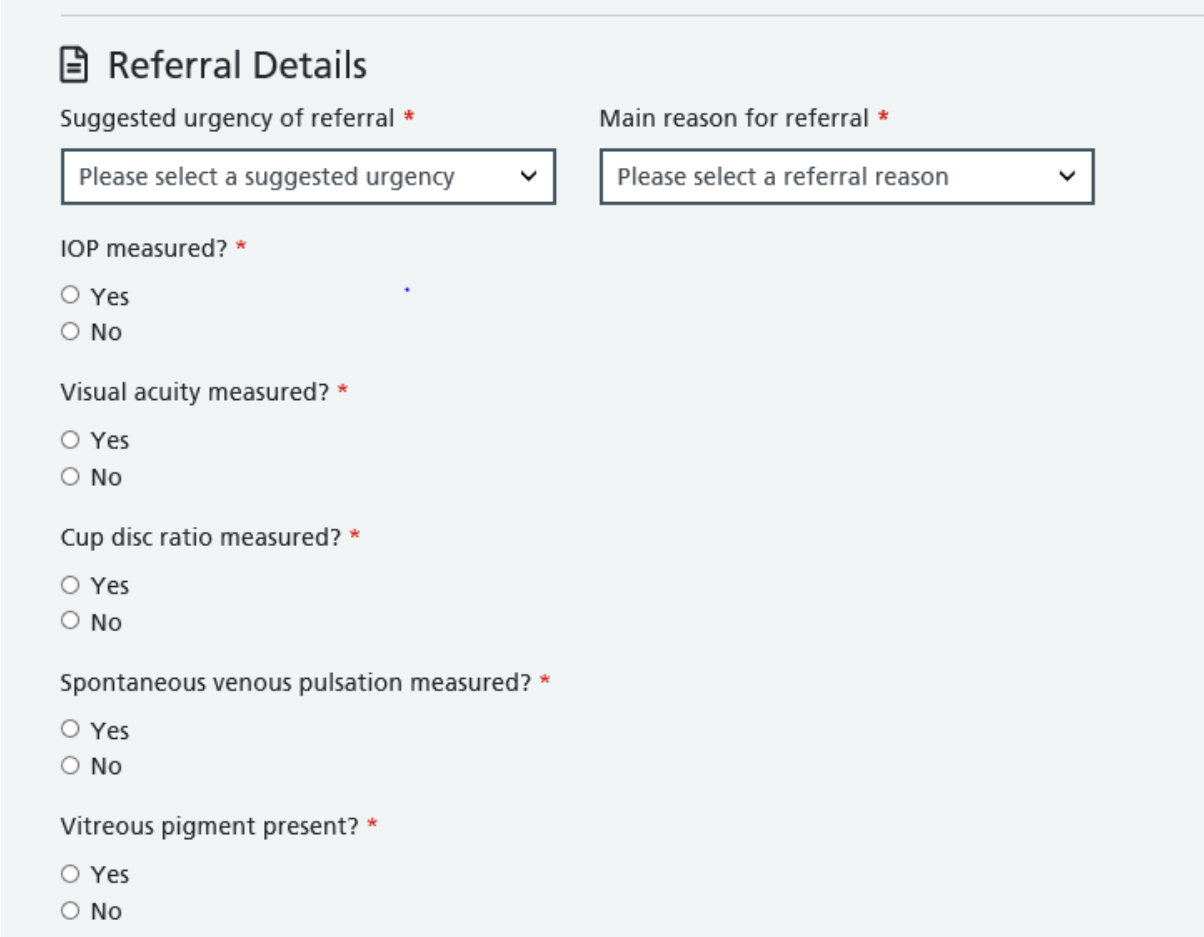
6. Source of referral select either - Optometrist GOS18 or PEARS
7. Referral details -
   Select ‘urgency of referral – today, within 48hrs, within 7 days, within 2 weeks
   Select ‘main reason for referral’ – acute conditions listed



Referral Details

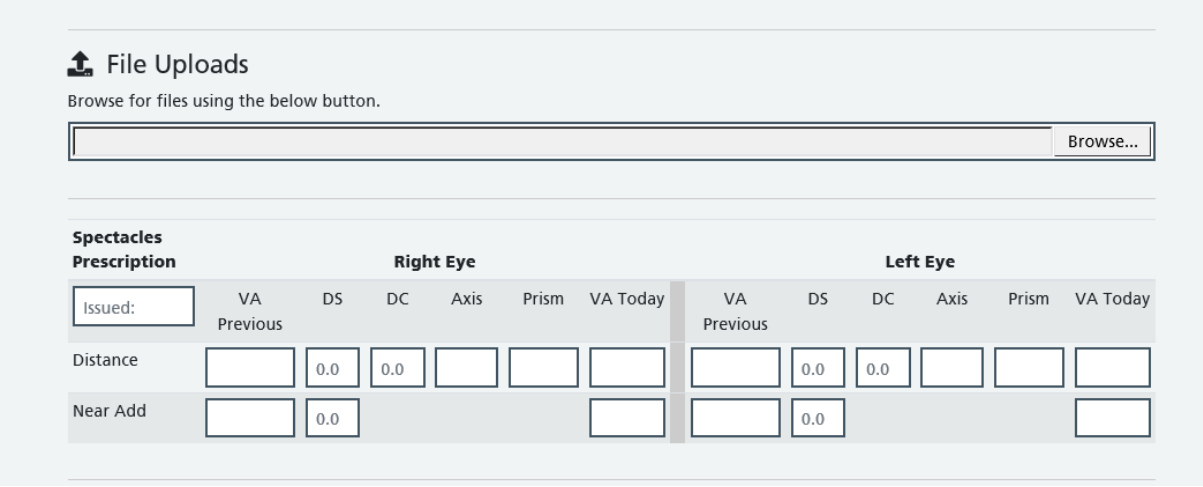
Suggested urgency of referral *
Main reason for referral *

8. Complete the referral details sections by clicking ‘yes’ or ‘no’ along with ‘symptoms / findings’ and ‘previous ophthalmic history’ (free text boxes)



9. File uploads – please include visual fields, OCT scans, fundus photography etc to support referral

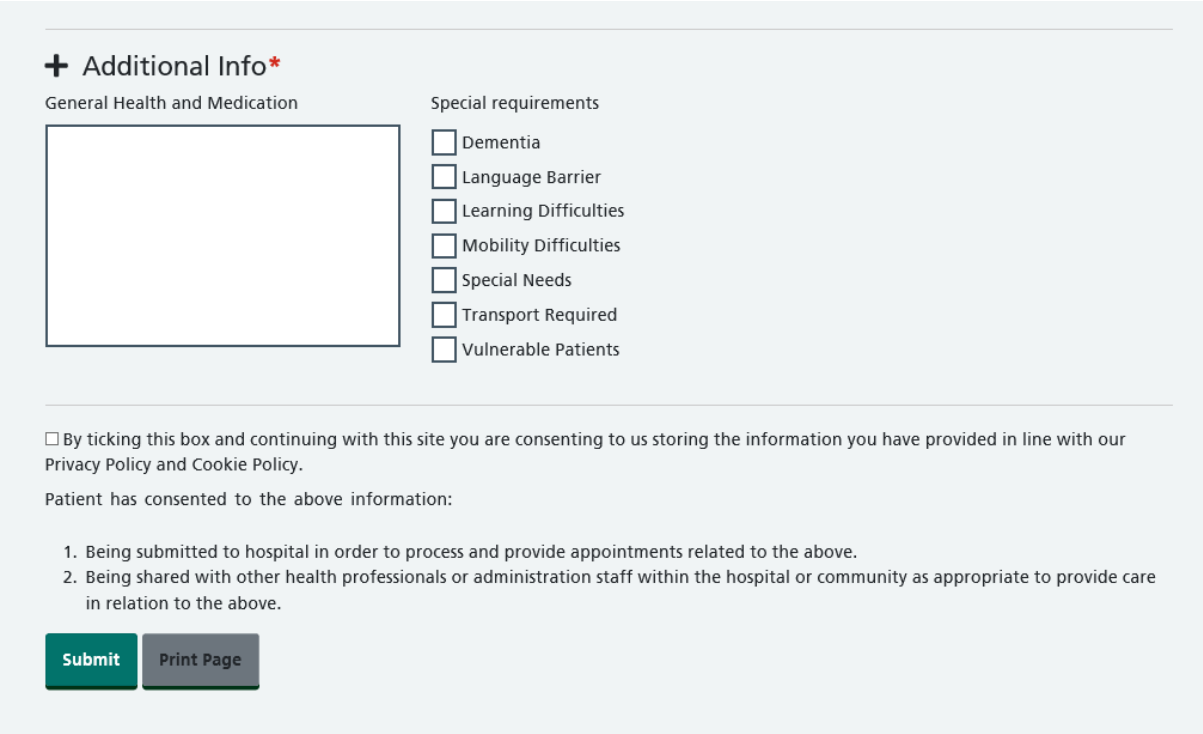
10. Complete spectacles prescription



11. Please add additional information as appropriate including request for interpreters and transport specific information

12. Tick privacy policy

13. Click submit
14. Click print page to save a copy of the referral or download as a document

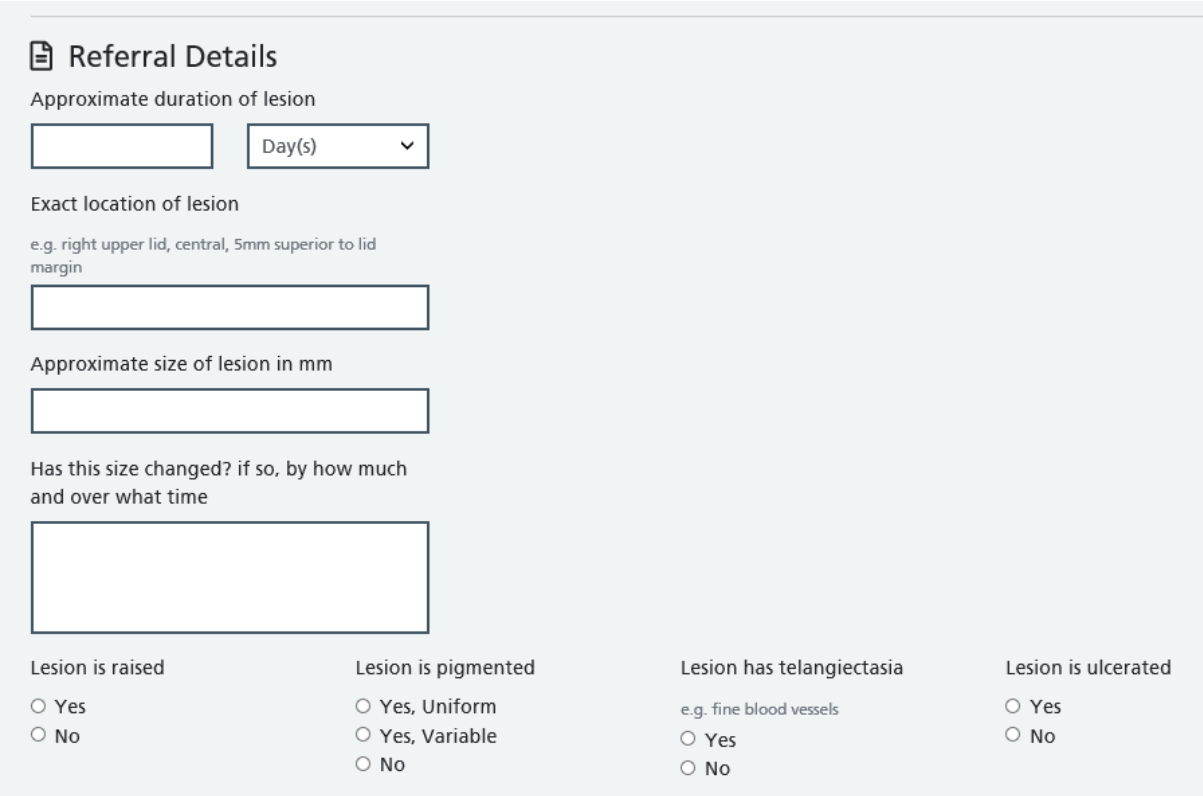


2WW Cancer suspect referral

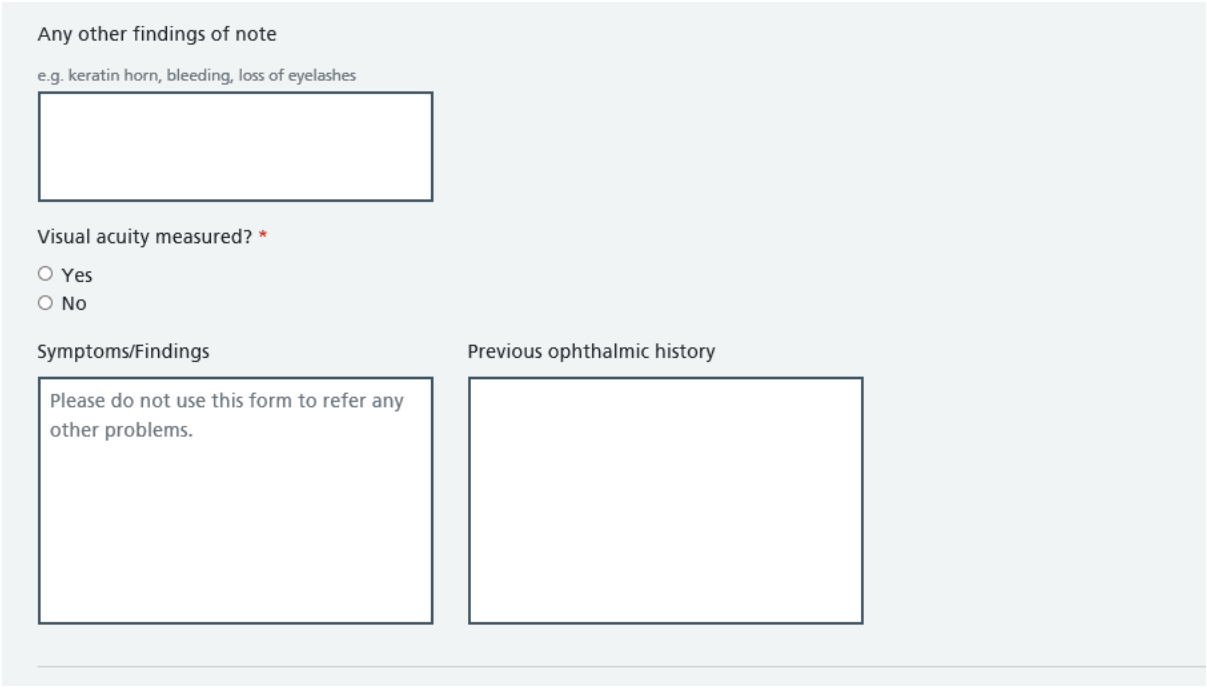
Additional information specific for this type of referral

1. Complete referrer and patient information as previous

2. Complete referrer details with regards suspect lesion



3. Add any other findings, visual acuity, symptoms, previous ophthalmic history as previous

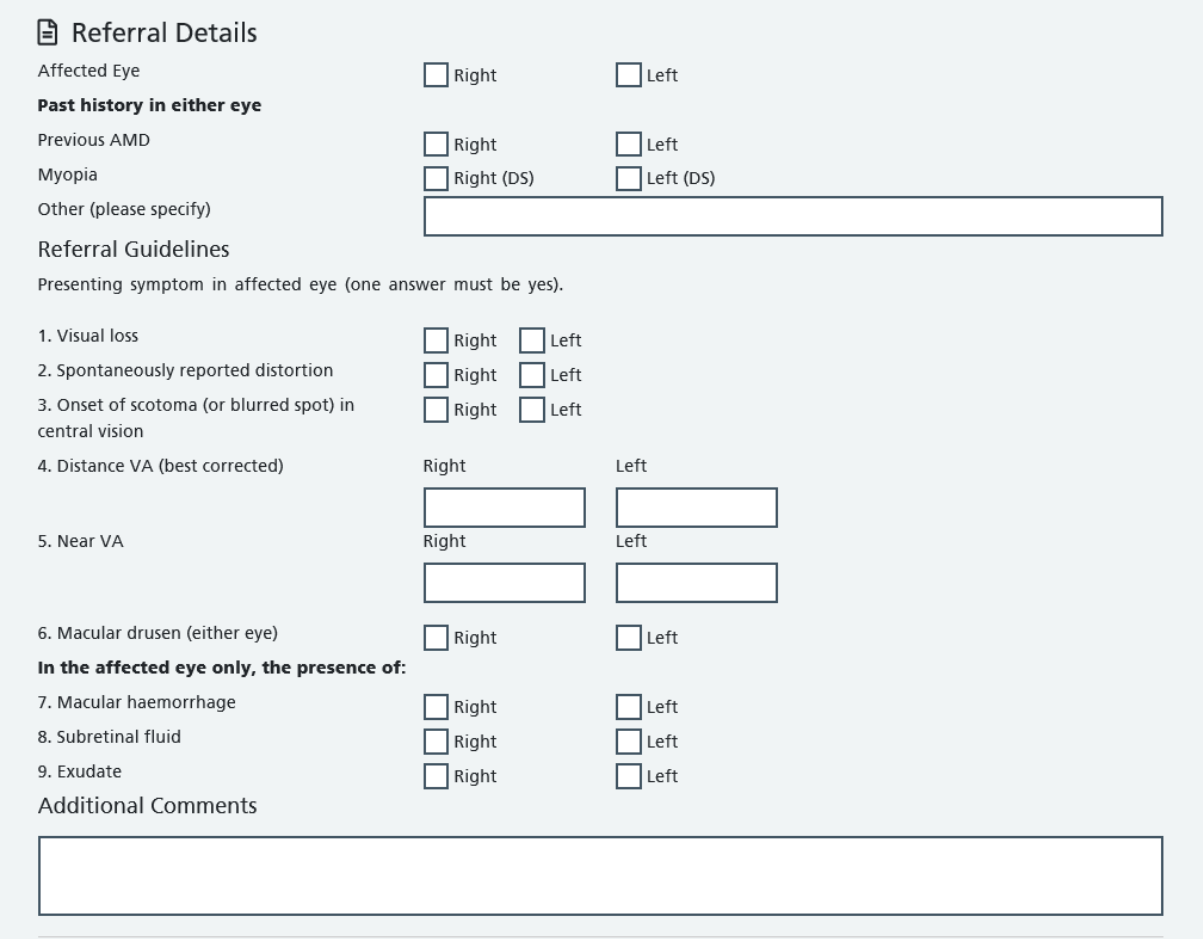


2WW Wet AMD Suspect Referral

Additional information specific for this type of referral

1. Complete referrer and patient information as previous

2. Complete referral details below – consistent with previous national paper referral form used previously



Referral Details

Affected Eye	☐ Right	☐ Left
Past history in either eye		
Previous AMD	☐ Right	☐ Left
Myopia	☐ Right (DS)	☐ Left (DS)
Other (please specify)		

Referral Guidelines

Presenting symptom in affected eye (one answer must be yes).

1. Visual loss	☐ Right	☐ Left
2. Spontaneously reported distortion	☐ Right	☐ Left
3. Onset of scotoma (or blurred spot) in central vision	☐ Right	☐ Left
4. Distance VA (best corrected)	Right	Left
5. Near VA	Right	Left
6. Macular drusen (either eye)	☐ Right	☐ Left
In the affected eye only, the presence of:		
7. Macular haemorrhage	☐ Right	☐ Left
8. Subretinal fluid	☐ Right	☐ Left
9. Exudate	☐ Right	☐ Left

Additional Comments

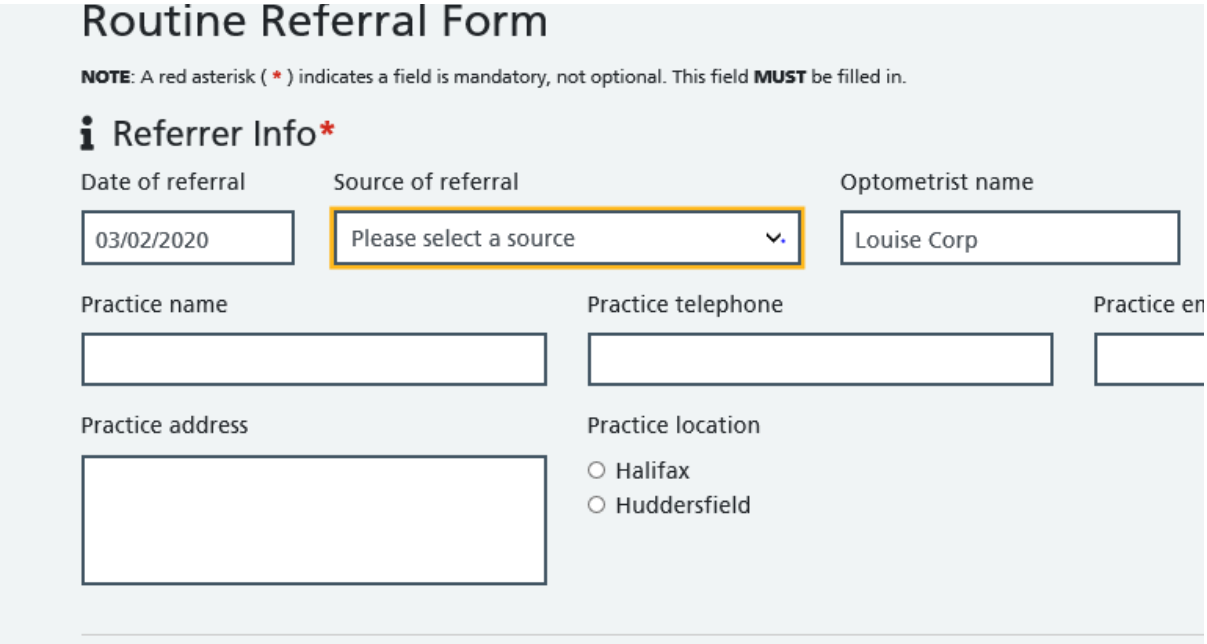
3. File uploads and additional information can be submitted as previous
4. Click privacy policy and click submit

New routine Referral

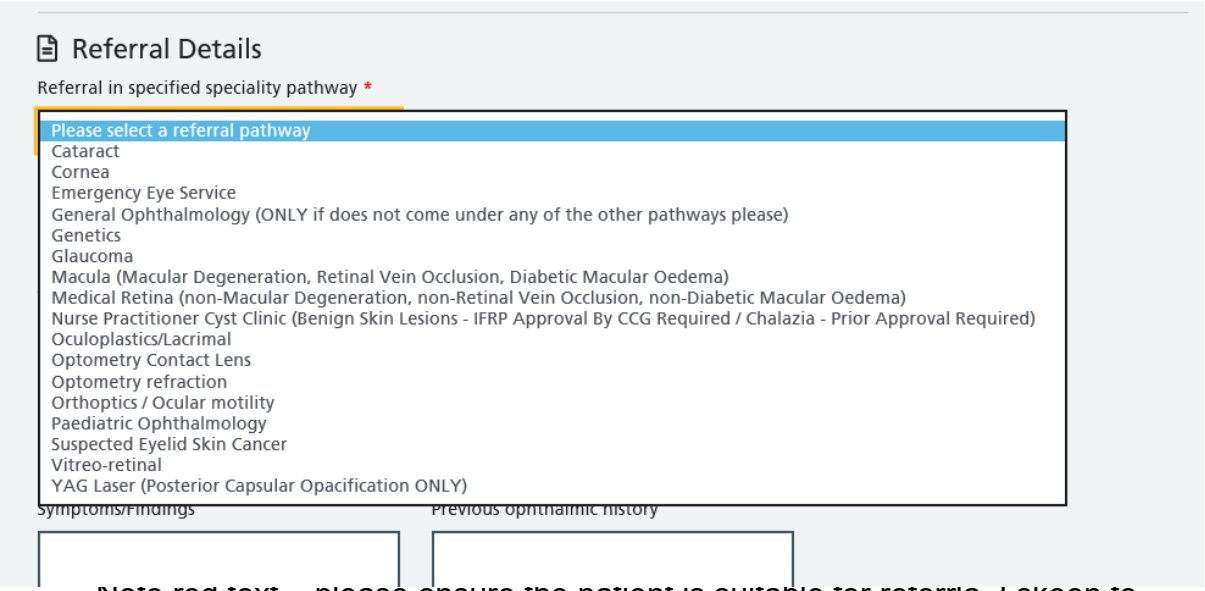
Additional information specific for this type of referral

1. Complete referrer and patient information as previous
2. Select ‘source of referral’
   Click ‘cataract scheme’ for cataract scheme referrals

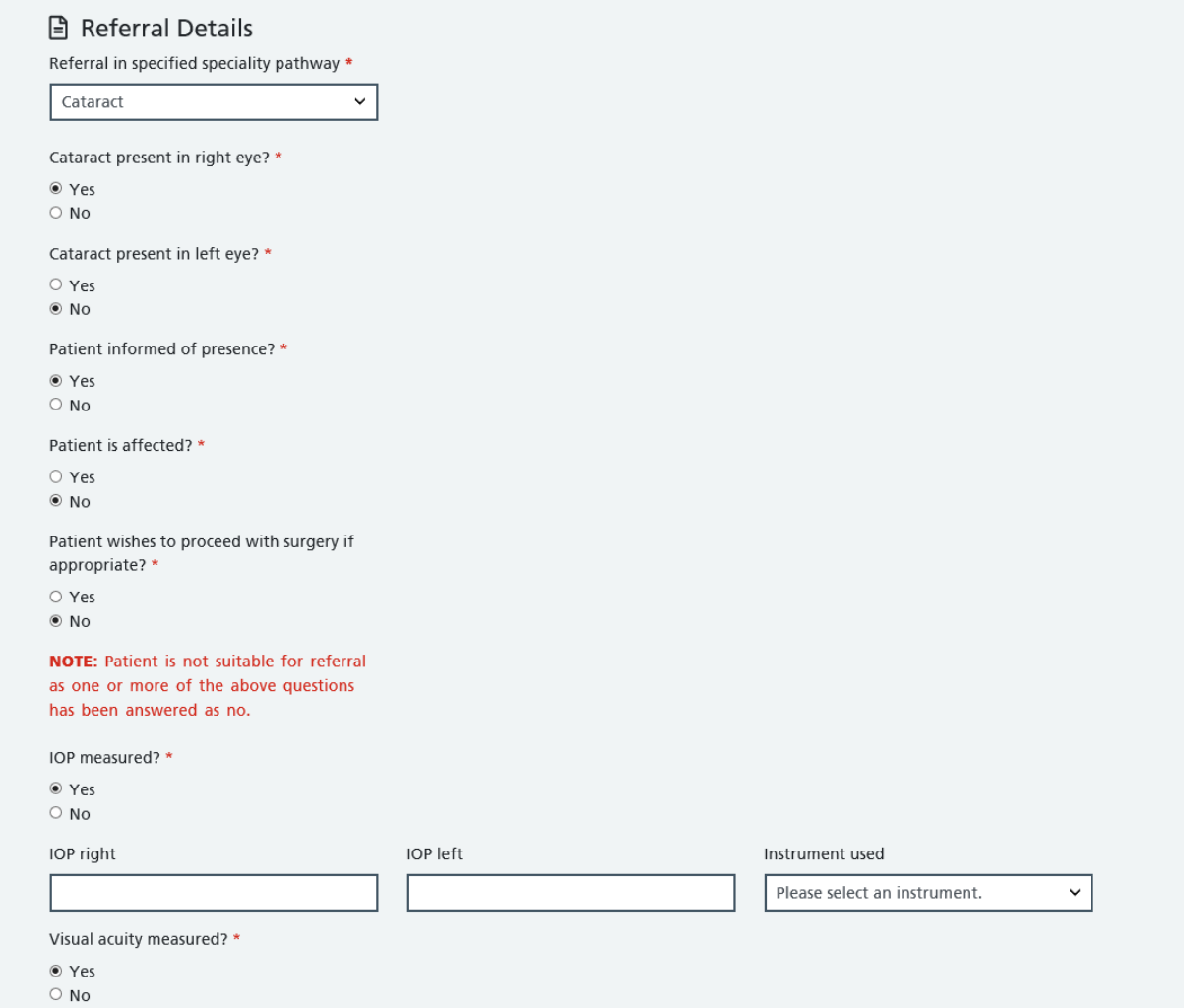
Click ‘Glaucoma referral refinement scheme’ for glaucoma scheme referrals
Click ‘Optometrist GOS 18’ for routine GOS referrals



3. Select most appropriate referral pathway

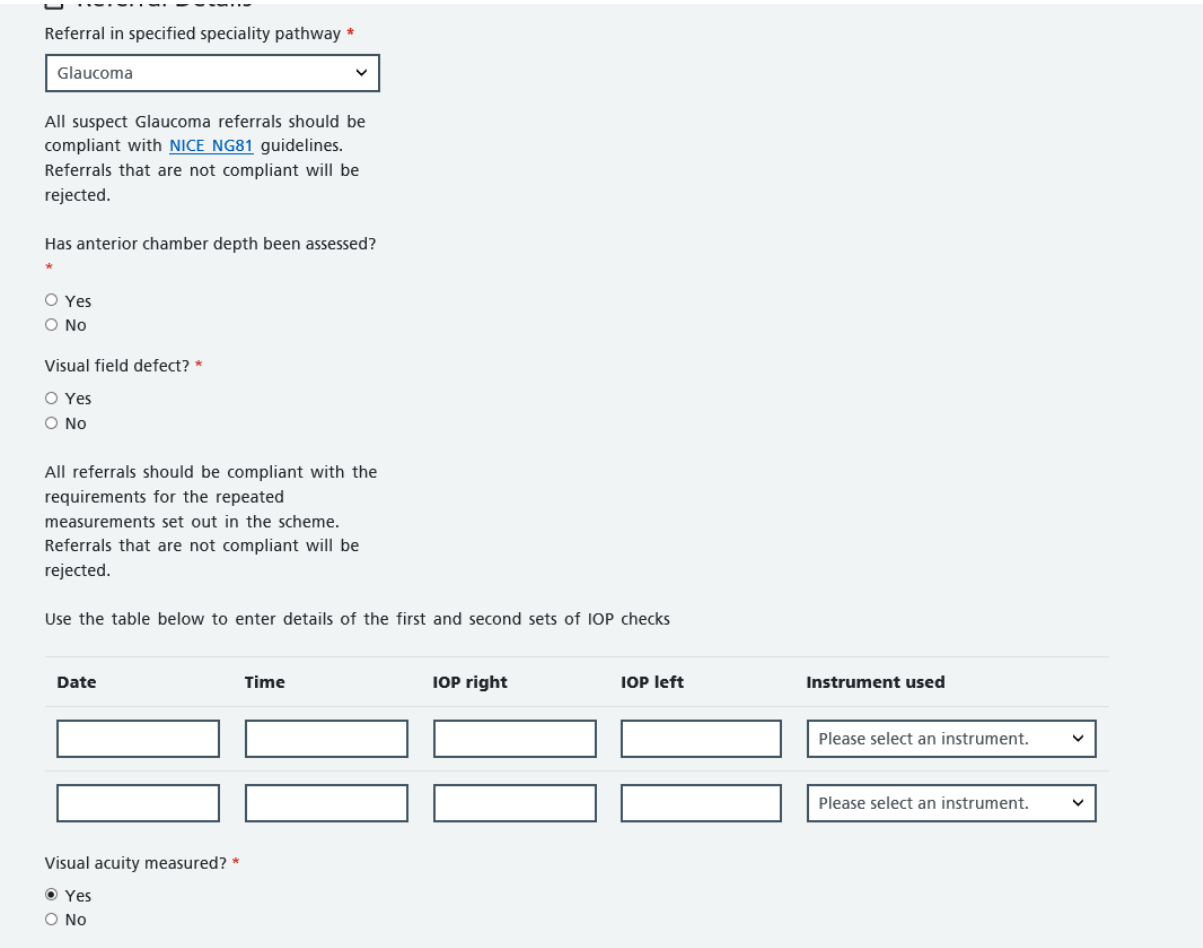


Note red text – please ensure the patient is suitable for referria, I skeen to proceed with catarct surgeyr and discussion with patients regarding visual impact to everyday life.



5. If ‘glaucoma’ pathway selected – please note patient’s needs to compliant with NICE guidance

6. If ‘referral source’ ‘Glaucoma Referral Refinement’ chosen you will be prompted to complete the below that are in line with the current scheme requirements e.g. IOP repeat measures (date, time, method will be required), repeated visual fields documents to be attached.



Referral in specified speciality pathway *

Glaucoma

All suspect Glaucoma referrals should be compliant with NICE NG81 guidelines. Referrals that are not compliant will be rejected.

Has anterior chamber depth been assessed? *

- Yes
- No

Visual field defect? *

- Yes
- No

All referrals should be compliant with the requirements for the repeated measurements set out in the scheme. Referrals that are not compliant will be rejected.

Use the table below to enter details of the first and second sets of IOP checks

Date	Time	IOP right	IOP left	Instrument used
				Please select an instrument.
				Please select an instrument.

Visual acuity measured? *

- (•) Yes
- ( ) No

7. Symptoms, previous ophthalmic history, glasses prescriptions, file uploads and additional information, and privacy policy also need to be completed.

Any support please contact:

Louise Corp 07867902408
Natalka Drapan 07717800247
Emma Griffiths – Emma.Griffiths@cht.nhs.uk
Karnesh Patel – Karnesh.Patel@cht.nhs.uk