

Calderdale and Huddersfield NHS Foundation Trust

Ophthalmology Department

Comms- Referral Protocol Change – May 2023

Outline

At a recent NHS England (NHSE) Northeast and Yorkshire (NEY) Eyecare Electronic Referral System (EeRS) meeting, the Ophthalmology Department at Calderdale and Huddersfield NHS Foundation Trust (CHFT) discussed a plan to close their NHS.net address (cah-tr.referralsophthalmology@nhs.net) to primary care optometry referrals from 01/06/2023. This proposal has resulted in concerns from colleagues in the Local Optical Committee Support Unit (LOCSU). The Calderdale and Kirklees Local Optical Committee (CKLOC) previously discussed this proposal, and alternative referral routes were agreed upon.

Background

In 2019, the Ophthalmology Department at CHFT developed an EeRS-like platform (the Community Ophthalmology Referral Portal, or CORP). CHFT provided the CORP for free to primary care optometry practices in Calderdale and Kirklees to improve patient care through safe, direct, digital referral to the Hospital Eye Service (HES) where indicated. Over the last three years, CHFT has received repeated requests from optometry practices and individual optometrists for access to the CORP, as it was viewed positively. By the time of closure in March 2023, CHFT had signed up 48 optometric practices to refer through the CORP. Practices were a mixture of multiples and independents.

While using the CORP between 2019 and 2023, the referral method breakdown for primary care optometry was approximately:

- 1) 65% - Through the CORP.
- 2) 15% - Via the patient's General Practitioner (GP).
- 3) 15% - Via NHS.net email.

- 4) 5% - Direct to HES by post.

NHSE NEY undertook a region-wide procurement process using national and regional specifications in 2021. Primary and secondary care colleagues across NEY were involved in the process, including representatives from CHFT. The successful product was EyeV by East Midlands Medical Services (EMMS). CHFT volunteered to be the regional pilot due to its experience with the CORP. CHFT worked with EMMS on developing and configuring EyeV and used feedback from primary and secondary care CORP users on improvements they wished to see. This feedback ensured that EyeV functionality superseded the CORP. EyeV implementation at CHFT and across Calderdale and Kirklees began in November 2022 and included strong engagement and collaboration with the CKLOC.

Between the implementation of EyeV at CHFT in November 2022 and the time of writing (mid-May 2023), 52 out of 67 (78%) primary care optometric practices across Calderdale and Kirklees have signed up to use EyeV. This result is already an improvement compared to the CORP, and additional practices are still signing up.

CHFT would currently estimate the following referral method breakdown for primary care optometry at the time of writing (mid-May 2023):

- 1) 70% - Through EyeV.
- 2) 5% - Via the patient's General Practitioner (GP).
- 3) 20% - Via NHS.net email.
- 4) 5% - Direct to HES by post.

Having directly spoken to individual practices as part of EyeV implementation across Calderdale and Kirklees, we did not identify any optometric practice without the necessary internet and computer hardware infrastructure to use EyeV if they wish (i.e. there is no technical barrier).

EMMS provide a series of training videos on using EyeV to help guide practices and individuals. With a background in CORP use, many users have been happy with this level of

training and do not require further support to use EyeV. NHSE NEY and EMMS also regularly run briefing sessions, including live demos and best practices, including opportunities for optometrists to ask questions or go through specific aspects of EyeV use. EMMS can arrange one-to-one sessions if particular individuals are interested in using EyeV but have low digital literacy.

Challenges with the use of NHS.net within CHFT

CHFT offered the referral method of an NHS.net email address as a replacement for fax machines when the NHS phased them out in 2018. With the implementation of the CORP in 2019, the number of email referrals decreased accordingly. Following the closure of the CORP and the move to EyeV, there has been a spike in email referrals relating to practices continuing to migrate to EyeV. However, this spike is slowly reducing.

When email referrals are received, nursing staff in Eye Clinic must transfer them to EyeV manually before triage. This work is a time-consuming process at risk of human error. It takes nursing staff away from their clinical roles, increasing pressure on the Department. Referrals and attachments can be unreadable as they have been scanned or photographed poorly from paper or screens. Some referrals do not come on a GOS18 form or similar but just as a few lines of unstructured text. Where inadequate information has been provided to process an email referral, or feedback for a rejected email referral needs to be made, a nurse must call the practice. EyeV returns any feedback at the clinical decision stage automatically to the referrer.

Following the CHFT implementation of EyeV, there was a need to assess NHS.net referrals. This audit took place over six weeks between mid-February 2023 and the end of April 2023.

Of 500 consecutive NHS.net referrals to CHFT:

- 1) 228 (about 45%) were from primary care optometry.
- 2) 272 (about 55%) were from other sources:

- a) Accident and Emergency.
- b) Other hospital specialities.
- c) School vision screening.
- d) National Diabetic Eye Screening Programme (DESP).

Of these 228 primary care optometry referrals from 45 different practices:

1. 132 (about 58%) were from the seven most prolific practices.
2. 96 (about 42%) were from the remaining 38 practices.
3. 25 (about 11%) were external to Calderdale and Kirklees but within West Yorkshire.
4. 14 (about 6%) were external to West Yorkshire.

16 out of 45 (about 36%) practices sent multiple referrals via multiple referrers:

- 1) These 16 included the seven most prolific practices.
- 2) Seven out of 16 (about 44%) practices were already onboarded to EyeV during the audit.
- 3) All practices referred securely using NHS.net addresses.
 - a) Eight out of 16 (50%) of practices were 'multiples'.
 - i) Seven (about 88%) practices appeared to refer via a shared mailbox.
 - b) Eight out of 16 (50%) of practices were 'independents'.
 - i) Six (75%) practices appeared to refer using an individual email address shared between several primary care optometrists.

In summary:

- 1) Primary care optometry is the largest source of NHS.net referrals to Ophthalmology in CHFT.
- 2) Some primary care optometry practices with EyeV access are still referring by NHS.net.
- 3) Some practices are sharing a single individual account to refer, which would not comply with the NHSmail use rules.

If EyeV was used to refer instead:

- 1) Nursing staff are released to support other parts of the Eye Clinic, allowing them to do their job effectively.
- 2) Referrers could track the progress of their referral and receive immediate feedback at the point of triage.
- 3) Patients could track the progress of their referrals themselves, preventing patients from contacting their optometry practice unnecessarily.
- 4) Unreadable referrals would decrease.
- 5) Non-compliant use of NHSmail would stop.

Decision

Given the points mentioned above and supported by audit evidence, CHFT decided to stop accepting all primary care optometry referrals by email. CKLOC colleagues agreed with the proposal for closure and alternative referral routes.

There are additional existing methods of referral available:

- 1) The recommended option is to use EyeV, which supports emergency AND routine referrals, continues to be free, and is more straightforward than other options.
- 2) For those who decline to use EyeV and for new practices without EyeV access at start-up, in the process of gaining their Data Security and Protection Toolkit (DSPT), or without the required technological infrastructure to use EyeV:
 - a) Emergency referrals (i.e. where there is reasonable clinical suspicion that irreversible sight loss may occur within two weeks or less) can be by telephone:
 - i) Monday to Friday 08:30 - 17:00 and Saturday 09:00 - 12:00 to 01422-222539. This dedicated number began in March 2020, and Accident and Emergency utilise it regularly.
 - ii) Outside these times, referrers should call the Ophthalmology on-call doctor via the Calderdale Royal Hospital switchboard on 01422-357171.

- b) Non-emergency referrals (i.e. for review above two weeks) can be made by post to: Ophthalmology Admin Team, 3rd Floor Acre Mills Outpatients, Acre Street, Lindley, Huddersfield, HD3 3EB.

The NHSE NEY contract requires EyeV uptime to be at least 99.9%. EyeV has yet to have any downtime since the service went live. CHFT uses the existing NHS.net email address as a digital failsafe if EyeV is not functioning but will be transitioning shortly to a dedicated secure email address for this purpose only (i.e. not for use under any other circumstances). EMMS has confirmed that if EyeV ever lost functionality (short of wider-spread internet infrastructure failure), their website front page would direct people to the required dedicated email address for CHFT.

CHFT has been made aware that in Milton Keynes, commissioners decided for EyeV to be the sole primary method of referral to a Hospital Eye Service (HES), with secure NHS.net email being the secondary (failsafe) method only if EyeV was not functioning. CHFT is aiming for a similar situation. However, this remains a challenge until there is a 100% uptake of EyeV in Calderdale and Kirklees, as in Milton Keynes. We will continue to offer the long-used and recognised phone and postal routes to give primary care optometry colleagues an alternative to EyeV. Should Calderdale and Kirklees ever achieve 100% uptake of EyeV, CHFT would also close the postal route.

CKLOC have asked for the date of NHS.net closure to be deferred, citing time being needed for optometric practices to read this communication. CHFT has agreed to postpone the closure of NHS.net referrals to Monday, 3rd July 2023, to provide adequate time for optometric practices to decide how to refer after this date and make the necessary arrangements.

Additional Question - Refer via GP

Some optometrists have mentioned referring to the HES via post to the patient's General Practitioner (GP) to avoid posting two letters (one to the HES, one to the GP). This practice

continues to exist in the Calderdale and Kirklees areas. The Opticians Act 1989 (Section 26, Paragraph 1, Sub-paragraph b, Part ii - [LINK](#)) advises referral to a "*registered medical practitioner*" where required, but the current General Ophthalmic Services (GOS) contract for England (Page 16, Paragraph 31.3 - [LINK](#)) advises referral "*...to an ophthalmic hospital, which includes an ophthalmic department of a hospital*". This approach aligns with the recently published national "Primary Care Recovery Plan", which includes an aim to stop "...GPs being asked to do non-GP work"([LINK](#)). While referral to a HES via the GP meets the legal requirement, it does not comply with the GOS contract in England.

There is no question that deliberate referral through an indirect route when a direct path exists introduces delays in referrals reaching a HES. This time delay may generate a clinical risk to the patient of deterioration that could lead to irreversible vision loss. As such, CHFT does not advise that primary care optometry colleagues refer patients to a HES via the patient's GP but instead directly to the HES.

Additional Question - Illegal to Reject

Some optometrists have suggested it is "illegal" for registered medical practitioners to reject referrals. No legal mandate exists against referral rejection, and such practice exists across all medical specialities in the NHS. Rejection usually only occurs when the triaging clinician believes there is inadequate clinical detail provided to justify a review in the HES in the context of national clinical guidelines (e.g. National Institute of Health and Care Excellence, College of Optometrists) or local clinical guidelines (e.g. from clinical experience, local commissioning arrangements, and available services in a HES).

A failure to appropriately reject referrals would result in a massive demand increase on HES capacity, wasting NHS resources. EyeV supports asking the referrer for further clarification to guide triage decisions. EyeV allows the reason(s) underlying rejection to be provided directly and rapidly to the referrer in writing, supporting professional development. Together the two aspects can help to reduce referral rejection. CHFT is happy to discuss triage decisions with referrers if there are concerns with a decision.

Additional Question - Advice and Guidance

LOCSU have raised concerns about the current 'Advice and Guidance' functionality in EyeV. Historically, the HES may be phoned or emailed by a primary care optometrist looking for advice about a patient when they are unsure if a referral is indicated. HES clinicians usually provide such advice despite not being obliged under current commissioning arrangements. CHFT does this because it is the right thing for the patient.

Before COVID-19, some primary care optometry colleagues across Calderdale and Kirklees asked about receiving advice more readily. After a discussion with the CKLOC, a trial of synchronous phone advice took place during COVID-19. This trial confirmed that advice needed to be asynchronous to be effective. Because of this, when CHFT were working with EMMS to develop EyeV for NEY, we asked for the "Advice and Guidance" functionality to be included. This functionality allows primary care optometrists to ask questions asynchronously and securely without generating a referral and under no obligation. Doing this through EyeV enables the discussion to be documented. CHFT would like to clarify that we do not expect any primary care optometrist to use "Advice and Guidance" as an alternative to referral. If a primary care optometrist believes a referral is indicated, we expect them to make one.

The CHFT implementation journey has been an excellent opportunity to use digital technology to improve the safety, speed, and security of referrals to the Trust. Working with CKLOC representatives to ensure continual engagement has been instrumental to achieving our current position.

Signed on behalf of the CHFT Department of Ophthalmology and the EeRS team within North-East and Yorkshire Digital Transformation at NHS England and NHS Improvement

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