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Marlborough Street
Bristol
BS1 3NX

All BNSSG Ophthalmologist Referrers

25 January 2019

Switchboard 0117 976 6600

Dear Colleagues

Management of Ophthalmology Referrals to Secondary Care

I am writing to you concerning the future management of patient referrals for Ophthalmology related conditions. This includes all primary and community initiated referrals into all providers such as acute trusts and AQPs.

Commissioners are legally required to ensure that there are provisions in place to support informed patient choice when a first outpatient appointment is being offered. Currently a significant proportion of Ophthalmology referrals from our Bristol and North Somerset based practices are made through the E-referral system [e-RS] system.

This is normally through patients approaching the GP practice following an eye test with a recommendation for referral and as such we are able to confirm that all patients following this route are being offered appropriate choice regarding treatment centre options and waiting timescales.

We have identified however that there are different historic referral practices across our area which has led to concerns that we are not consistently offering this and for those patients, their ability to make a fully informed choice on where their treatment should be provided is being impaired.

Therefore, this letter confirms that from now on all patients seeking treatment through ophthalmology services in future must only be referred through the e-RS system.

This means that every patient should experience the same service and be provided with the most current and relevant information prior to choosing their treatment location. It also means that every GP practice will follow the same process and have a comparable support mechanism in place to aid them with any referral queries or concerns.

Benefits of E-referrals

The benefits of e-RS are well established and include:

- cost and time savings
- fewer missed appointments
- fewer inappropriate referrals

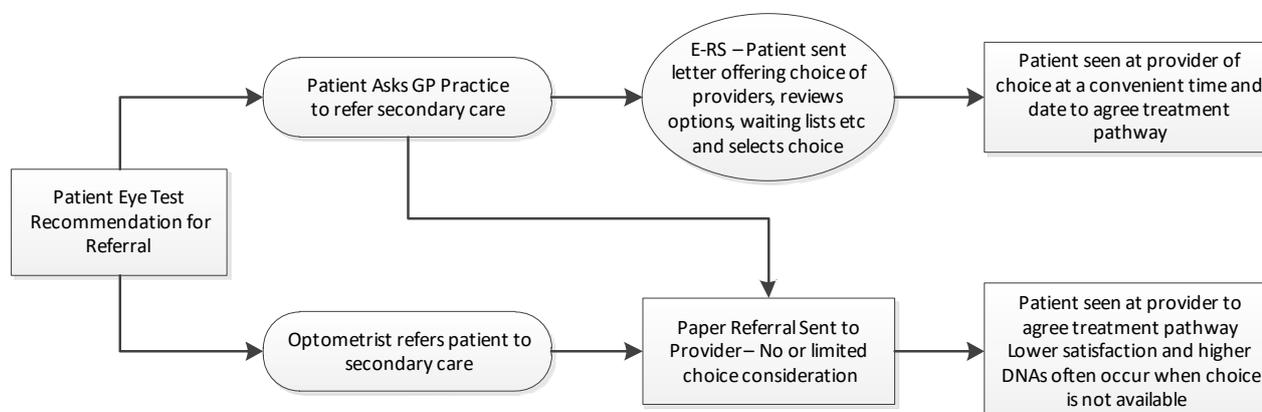
- shorter referral to treatment times
- choice of hospital or specialist
- choice of appointment date and time

Further information of the benefit of e-RS is available here -<https://digital.nhs.uk/services/nhs-e-referral-service>

Current Position

Currently there are 3 possible routes of referral for patients:

1. Community Optometrist refers directly to provider*
2. Patient asks GP to refer and GP practice refers directly to provider
3. Patient asks GP to refer and GP practice refers via e-RS



A patient who is referred on e-RS will issued a letter offering a choice of providers and be able to take time to consider their choice ahead of selecting where they would wish to be referred to. This consideration may go beyond waiting time considerations and include factors such as parking facilities or NHS choices reviews; considerations that a patient may not be informed of via a direct referral.

*A number of community Optometry providers have chosen to continue to refer patients directly to secondary care providers citing concerns that utilising the e-RS system of referral could lead to inappropriate delay for patients. However, recent data demonstrates that practices take an average of just over one day to process such referrals. Given these are non-urgent referrals for long term conditions, this delay is immaterial to the patient’s care pathway.

Future Process

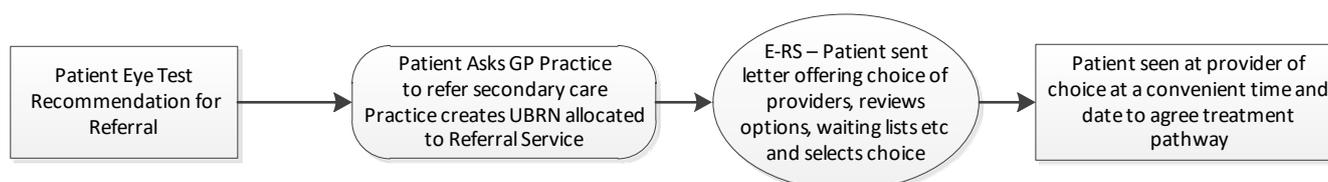
With immediate effect, we have asked Optometrists and GPs to ensure that all Ophthalmology referrals are made via the GP on e-RS. This will bring Ophthalmology services in line with other services and correctly applies Service Condition 6.2A of the contract, which states:

6.2A. With effect from 1 October 2018, subject to the provisions of NHS e-Referral Guidance:



1. the Provider need not accept (and will not be paid for any first outpatient attendance resulting from) Referrals by GPs to Consultant-led acute outpatient Services made other than through the NHS e-Referral Service;
2. the Provider must implement a process through which the non-acceptance of a Referral under this Service Condition 6.2A will, in every case, be communicated without delay to the Service User's GP, so that the GP can take appropriate action; and
3. each Commissioner must ensure that GPs within its area are made aware of this process.

This simplified referral route will therefore be enforced to ensure compliance with this requirement:



It is our view that these steps will ensure that the CCG complies with their statutory obligations to offer our patients suitable choice. It will also ensure that we treat patients referred for these conditions in line with all other referrals, but we appreciate that this may lead to a small increase in the number of patients seeking referral via the GP for these treatments. We will review this at 3 and 6 months to understand and if necessary mitigate these changes.

We are liaising closely with NHS England as Commissioner of community optometry services to ensure their support in complying with this new referral pathway.

Implementation Date

We anticipate having the systems ready to start processing referrals via the Referral Service from 28 January 2019 and, as per the guidance above and from 1 April 2019 no further referrals outside of e-RS will be accepted by secondary care providers.

Information on this new requirement is being provided to all stakeholders and further clarification on using the system will be issued shortly.

Thank you in anticipation for your support in addressing this concern and managing a solution. If you have any concerns or queries, please do contact our referral service.

Yours sincerely,

Lisa Manson
Director of Commissioning

ADDENDUM - 31 January 2019

We have been asked to confirm that this system relates only to non-urgent or routine referrals and urgent referrals such as suspected Wet-AMD can proceed directly to appropriate providers.

If you have any further queries, please do contact the CCG for further information.

