**This guidance is for ALL primary care optometrists practising in the NHS London region. However, the form only includes the relevant North East London providers.**

**PATIENTS WITH SUSPECTED WET AMD MUST NOT BE REFERRED VIA THE GP**. This creates a significant delay in patients being seen and may result in the serious consequence of permanent sight loss.

Please refer in accordance with NICE guidance {NG82} <https://www.nice.org.uk/guidance/NG82>

* Make an urgent referral for people with suspected **late AMD (wet active)** to a **macula service,** whether or not they report any visual impairment. The referral should normally be made within **ONE** **WORKING DAY** but does not need an emergency referral.
* **DO NOT REFER people** with **asymptomatic early AMD** to hospital eye services for further diagnostic tests.
* Refer people with **dry** **AMD (**to hospital eye services only:
* for certification of sight impairment, or
* if this is how people access low-vision services in the local pathway. or
* if they develop new visual symptoms that may suggest wet AMD (active).
* For eyes with confirmed wet AMD (active) for which antiangiogenic treatment is recommended offer treatment as soon as possible **(within 14 days of referral to the macular service).**

As an optometrist, you have a duty of care, wellbeing and safety for your patients and that includes being aware of the referral pathways in the area where you are providing eye care. A dedicated referral pathway must be followed to ensure that any suspect wet AMD patients are seen in the correct clinic in the appropriate time scale. Patient harm resulting from delay in referral is a serious incident and may lead to a GOC complaint.

Optometrist checklist: 1) fully completed form sent as urgent next working day referral, 2) copy for information given to the patient, 3) copy for information sent to patient’s GP.

**Relevant GOC Standards of practice:**

6.2. Be able to identify when you need to refer a patient in the interests of the patient’s health and safety, and make appropriate referrals.

7.2. Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.

**Failsafe for the patient:**

* Returning to the referrer to be the first safety net i.e. Please make it clear to the patient to contact you if they have not heard after 14 days of the referral. Then use the contact information for the ophthalmology department.

**Failsafe for an optometrist that their referral has been received and care/ treatment has been provided:**

* Ophthalmology to acknowledge receipt of the referral to the optometrist.
* Referring optometrist to receive a copy of the outcome letter after diagnostics/ clinic review has been undertaken.

**Clinical Audit:**

* Clinical audit and referral peer review should be conducted at the Trust level and reported to the ICS eye group to ensure referral quality and failsafe assurance.

**Urgent need for communication of a clear and consistent referral pathway across systems and London wide:**

A survey of London referral pathways highlighted a lack of clear guidance and use of multiple referral routes. Use of inappropriate pathways such as via GP incurs delays and risk of harm to patients. Work is underway to communicate a consistent wet AMD referral pathway for London ICSs with the agreement of this pan-London referral template.

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| --- | --- |
| **Patient name:** Click to enter full name.**Address:** Click to enter text.Click to enter text.Click enter text.**Postcode:** Click to enter postcode.**DoB:** Click to enter dob.**Contact telephone:** Click to enter number.**Email:** Click here to enter text.**NHS/ Hospital ID (if known):** Click to enter number.**GP surgery:** Click to enter. | **Date of referral:** Click to enter date.**Optometrist:** Click to enter name.**GOC No:** Click to enter number.**Practice:** Click to enter name.**Address:** Click to enter text.Click to enter text.Click to enter text.**Postcode:** Click to enter text.**Telephone:** Click to enter number.**Email:** Click to enter email. |

**Referral criteria:**

* Visual loss and VA in affected eye– 6/96 or better
* Recent sudden onset of central distortion (usually less than 6 months)
* Fundal appearance suggestive of choroidal neovascularisation, e.g., haemorrhage, subretinal fluid.

**Refraction and VA Complete all sections**

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|   | **Sph** | **Cyl** | **Axis** | **Prism** | **Base** | **VA** | **with PH** | **Add** | **NVA** | **Previous VA** | **Amsler distortion?** |
| **R** |  |  |  |  |  |  |  |  |  |  | YES/ NO |
| **L** |  |  |  |  |  |  |  |  |  |  | YES/ NO |

**Clinical findings**

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| --- | --- |
| **Past history:** **Which eye is affected?** Right/ Left**Duration of distortion?** weeksIn **AFFECTED EYE ONLY**, presence of:Macular haemorrhage (pre-, retinal, sub-) YES/ NOIntra-retinal /Sub-retinal fluid YES/ NOMacular oedema YES/ NOExudate YES/ NONeovascularisation YES/ NO | **Additional findings:**Fundus image attached: YES/ NOOCT scan attached: YES/ NO |

**Trust information for Optometrist**

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| **Barts Health NHS Trust Whipps Cross Hospital** Secure email: bartshealth.amdreferrals@nhs.net Alternative urgent pathway: See atttachedChase telephone: 020 8539 5522 (Switchboard) | **Barking, Havering and Redbridge University Hospitals NHS Trust** Secure email: bhrut.urgenteyecare@nhs.net Alternative urgent pathway: See attachedChase telephone: 01708 435059 |
| **Moorfields Eye Hospital FT** Secure email: meh-tr.wetarmd@nhs.net Alternative urgent pathway: Only if very urgent A & EChase telephone: 020 7521 4661 (Professionals helpline) | **For MEH referral please state patients preferred location to be managed:***City Road/Hoxton**Stratford/Sir Ludwig Guttman*  |

**FOR PATIENT:** If you have not heard about your appointment after 14 days, please let the optometrist know so that they can contact the ophthalmology department on your behalf.

**FOR GP:** Notification only - this referral has been sent directly via the urgent next working day wet ARMD pathway.

**NEL –**

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| **Trust**  | **Template** | **Suspect wet AMD email** | **Routes in preferred order** | **Alternative OoH and weekends** | **Failsafe chase telephone** | **Failsafe referral receipt confirmation**  | **Outcome feedback** |
| Barts Health NHS Trust Whipps Cross Hospital  |  New | bartshealth.amdreferrals@nhs.net  | 1 NHS mail2 Eye casualty (walk in) | Call switchboard and ask to bleep Ophthalmology on-call if urgent or bartshealth.whippsurgenteye@nhs.net (dedicated email for emergency eye care) | NOThis is under review Jan 23 | NOThis is under review Jan 23 | TBC |
| Barking, Havering and Redbridge University Hospitals NHS Trust | New | bhrut.urgenteyecare@nhs.net  | 1 Evolutio BHR SPoA if no OCT2 NHS mail 3 Call AMD coordinator 01708 435059   |  No service |  Failsafe coordinator01708 435059 | Yes for email | TBC |
| Moorfields Eye Hospital FT @ City Road | New | meh-tr.wetarmd@nhs.net  | 1 NHS mail2 MEH A&E, call first for triage | No OoH or weekend offered for pathway. if very urgent, MEH A&E on call for triage/advice  | None - MEH provide the patient contact number at point of receipt | Automatic email reply to confirm receipt | Yes from 09/01/23 |