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## Common eye condition management



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## Introduction by Moorfields' medical director



Thank you for taking the time to read this concise advice booklet about common eye conditions. It has been produced by clinicians and other staff at Moorfields to help you to make informed clinical decisions about your patients' eye conditions locally, and avoid them having to attend hospital unnecessarily.

For each of the most common conditions you might see in your practice, we have listed signs and symptoms, the equipment you will need to examine the patient, and the procedure to follow in undertaking that examination.

Towards the end of the booklet, we have included a table divided into four levels of urgency for onward referral – immediate, within 24 hours, within one week and routine – with a list of relevant circumstances and conditions for each.

We have also provided a table of the several locations in which Moorfields provides care in and around London, and the sub-specialty services we offer in each place.

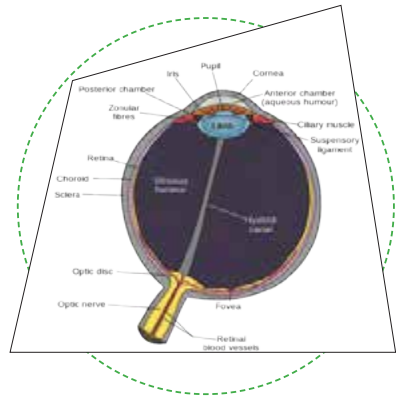
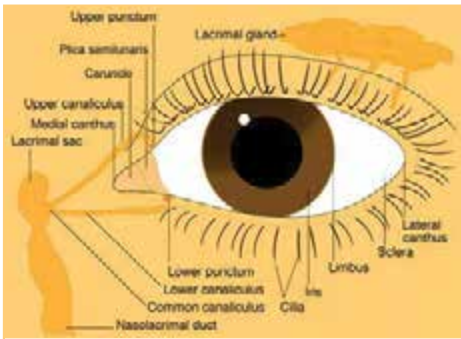
I hope you find this guide helpful, and welcome your views on how we might improve future editions. Please contact our GP liaison manager on 020 7253 3411, ext 3101 or by email to [alia.majid@moorfields.nhs.uk](mailto:alia.majid@moorfields.nhs.uk) with your comments.

Please remember that we also have a section of our website dedicated to primary care colleagues, which we will keep updated with the latest information. You can find this section at [www.moorfields.nhs.uk/GP](http://www.moorfields.nhs.uk/GP). You can also download further copies of this booklet from that location.

Declan Flanagan  
Medical director  
Moorfields Eye Hospital NHS Foundation Trust

# General information

## Schematic diagram of the human eye



## General information

Equipment and drugs to keep at hand in the surgery:

- Vision testing chart
- Good light source with magnifier (and ideally blue light source)
- Fluorescein 0.25% drops
- Chloramphenicol ointment 1%
- Cotton buds
- Eye pads
- Tape
- Direct ophthalmoscope
- Patient information leaflets



## General good practice advice

### Initial checks:

- It is good practice to check visual acuity for patients presenting with an eye condition
- Check the visual acuity in each eye separately for distance; if the patient wears distance glasses, these should be worn for the test
- Record best corrected visual acuity – that is, wearing glasses or contact lenses where used
- If vision is reduced, recheck with the patient looking through a pinhole viewer, which improves the vision if there is any uncorrected need for glasses/lenses
- Significant reduction in the visual acuity is a good indicator for referral
- Review patient history, noting allergies, medical and ocular history, including amblyopia
- Always establish and record symptoms and onset (sudden/gradual/all/part/pain)
- Refer red eye with vision loss or other signs of concern to an ophthalmologist for evaluation

### Eye examination

- Wash hands
- Observe lid margins, conjunctiva and cornea with white light
- Instil 1 drop of fluorescein 0.25%
- Observe for corneal staining (preferably using a blue light source)
- Diagnosis confirmed
- Treat accordingly
- If concerned, seek advice from an ophthalmologist

# Care pathway for common eye conditions

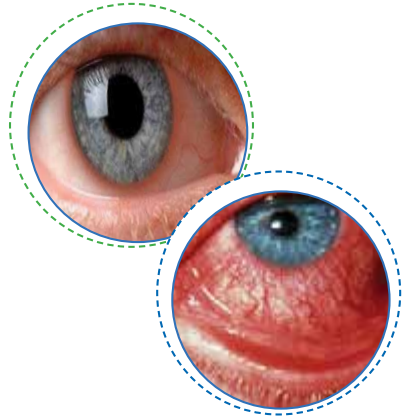
## Care pathway for CONJUNCTIVITIS

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Conjunctivitis can be bacterial, viral or allergic.

### Symptoms

- Gritty/itchy/foreign body sensation
- Bacterial conjunctivitis often has mucopurulent discharge/lashes stuck together
- Viral often watery, associated with cold/sore throat, pre-auricular lymph nodes
- Blurring of vision due to disturbance of the tear film/corneal involvement (adenoviral)
- Seasonal/hayfever allergic conjunctivitis



### Signs

- Redness affects all conjunctiva (globe of eye and tarsal conjunctiva lining inside of eyelids) in contrast to uveitis or scleritis where redness only on the globe
- Purulent discharge suggests bacterial origin
- Small white corneal infiltrates can occur in viral infection

### Eye examination

- Instil 1 drop of fluorescein 0.25%
- Look for multiple fine white spots or fluorescein stains on cornea; major corneal staining or clouding suggests an alternative diagnosis eg corneal ulcer, especially in contact lens wearers

### Treatment

- Chloramphenicol eye drops four times daily for bacterial conjunctivitis
- Topical lubricants for viral conjunctivitis
- Hygiene
- Topical steroids for corneal infiltrates should be prescribed by an ophthalmologist
- Antihistamine or mast cell drops (eg cromoglycate, nedocromil, opatanol) are used for allergy

## Care pathway for DRY EYES

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Dry eye syndrome is a condition where the eyes do not make enough tears, or the tears evaporate too quickly. This can lead to the eyes drying out and becoming inflamed. It is a common condition and becomes more common with age, especially in women. Up to a third of people aged 65 or older may have dry eye syndrome. It is more common in those with connective tissue disorders, in blepharitis and for contact lens wearers.

### Symptoms

- Dry, gritty, discomfort or tired eyes which get worse throughout the day
- Mildly sensitive to light (not significant photophobia)
- Slight blurred vision, which improves on blinking
- Both eyes are usually affected (may be asymmetrical symptoms)

### Signs

- Redness of the eyes
- Spotty ("punctate") fluorescein staining
- May be associated blepharitis (crusting of lashes, foamy tear film)



### Eye examination

- Observe lids, conjunctiva and cornea with white light
- Instil 1 drop of proxymethacaine 0.5% with fluorescein 0.25%
- Observe for corneal staining preferably using a blue light
- Consider Schirmer tear test (wetting of tear test strip in five minutes, <5–7mm abnormal)

### Treatment

- Tear substitutes: mild to moderate cases of dry eye syndrome can usually be successfully treated using over-the-counter artificial tear drops; if a patient has severe symptoms and needs to use eye drops more than six times a day, or if they wear contact lenses, advise them to use preservative-free eye drops
- Eye ointment can also be used to help lubricate eyes, but it can often cause blurred vision, so it is probably best used only at night
- More severe cases may require specialist medication or lacrimal punctal plugs

## Care pathway for BLEPHARITIS

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Blepharitis is an inflammatory eyelid condition caused by chronic staphylococcal infection and malfunction of the meibomian (lipid) glands. It can cause secondary conjunctivitis and dry eye, and occasionally small corneal ulcers.



### Symptoms

A gradual onset or chronic history of:

- Gritty/sore eye
- Crusting on lashes
- Red eyes

### Signs

- Red rimmed, thickened lid margins +/- mild to severe crusting on the eyelashes
- Blocked or oozing meibomian glands
- Red conjunctiva in some cases

### Eye examination

- Observe lid margins, conjunctiva and cornea with white light
- Instil 1 drop of fluorescein 0.25%
- Observe for corneal staining (preferably using a blue light source)

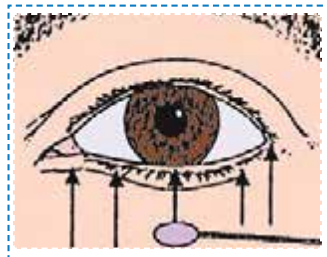
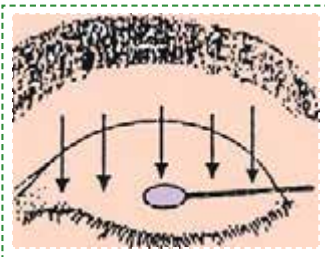
### Treatment

- Give patient blepharitis information leaflet
- Eyelid hygiene – explain to patient how to perform this
- If severe blepharitis, prescribe chloramphenicol ointment 1% twice daily for one week, to be applied to eye lid margins after cleaning
- Ensure patient is informed that blepharitis is a chronic condition and that they need to clean their lids twice a day once current inflammation has settled
- Review as appropriate



## Lid massage and hand hygiene

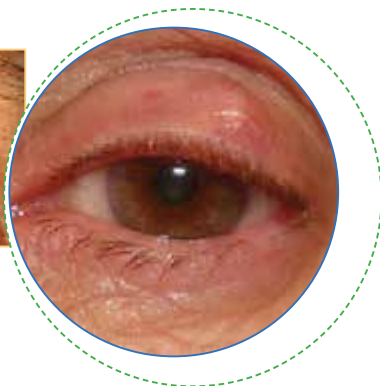
- Warm compress: boil some water and let it cool a little or use water from the hot tap. Water should be hot but not hot enough to burn. Soak cotton wool or a clean flannel in the water, wring it out and gently press onto your closed eyelids for two to three minutes at a time
- Lid massage: massage your eyelids by gently rolling your first finger over them in a circular motion or running the length of your finger down the eyelids towards the eyelashes. This helps to push out the oil from the tiny eyelid glands
- Lid hygiene: Use a moistened cotton bud to gently clean the inside/back edge of your eyelids then more firmly scrub off any flakes on the base of your eyelashes. This is best done in front of a mirror. The cotton bud may be moistened in tap water or you can make up a cleaning solution as below:
  - Add one teaspoon of baby shampoo to one cupful of cooled previously boiled water, or
  - Add a 1/4 of a teaspoon of sodium bicarbonate to a 1/2 a cupful of cool boiled water
  - Mix thoroughly



## Care pathway for CHALAZION (meibomian cyst)

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A chalazion is a firm round lump in the upper or lower eyelid caused by a chronic inflammation/blockage of the meibomian gland. Unless acutely infected, it is harmless and nearly all resolve if given enough time.



### Symptoms

- Eyelid swelling or lump
- Eyelid tenderness
- If inflamed, the eye can be red, watering and sore

### Signs

- Tender or non-tender round swelling, can be red, on or within the eyelid
- +/- mild conjunctivitis

### Eye examination

- Examine lids and conjunctiva with a white light
- Often red around chalazion, but watch out for spreading lid cellulitis

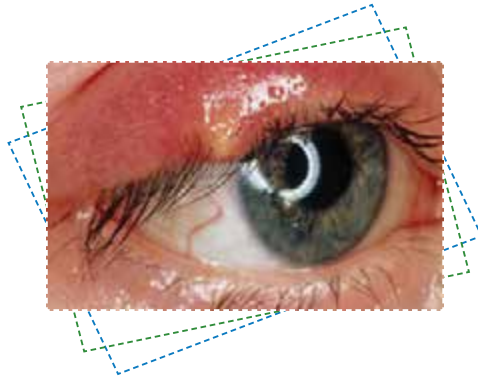
### Treatment

- Give patient chalazion information leaflet
- Show patient how to apply a warm compress (see page 9)
- If acutely inflamed, prescribe chloramphenicol ointment three times daily for one to two weeks
- Chalazia will often disappear without further treatment within a few months
- If conservative therapy fails, chalazia can be treated by surgical incision (incision and curettage under local anaesthetic)
- Refer if recurrent in same location or loss of lashes

## Care pathway for a STYE

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A stye is a small abscess of the lash root on the eyelid. It appears as a painful yellow lump on the outside of the eyelid where the lash emerges. It is also known as an external hordeolum.



### Symptoms

- Watery eye (epiphora)
- Red eye and eyelid
- Painful to touch

### Signs

- A small tender red swelling that appears along the outer edge of the eyelid, which may turn into a yellow pus-filled spot, centred on an eyelash follicle

### Treatment

- Give patient stye information leaflet
- Epilate the lash from the affected follicle with a pair of fine tweezers and prescribe chloramphenicol ointment three or four times daily for one week
- A warm compress (see page 9)
- It is very rare to require surgical drainage
- If there is definite spreading cellulitis in the lid, it requires oral antibiotics (eg coamoxiclav)

## Care pathway for CORNEAL ABRASION

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Corneal abrasions are generally a result of trauma to the surface of the eye. Common causes include a fingernail scratching the eye, walking into a tree branch and getting grit in the eye, particularly if the eye is then rubbed. Injuries can also be caused by contact lens insertion and removal, but beware the possibility of a corneal ulcer in contact lens wearers, especially those who wear soft lenses.

### Symptoms

- Immediate pain
- Watering
- Foreign body sensation
- Light sensitivity



### Signs

- Fluorescein drops will stain the abraded area

### Eye examination

- Observe conjunctiva and cornea with white light to exclude foreign body or corneal clouding
- Instil 1 drop of proxymethacaine 0.5% with fluorescein 0.25%
- Observe for corneal staining (preferably using a blue light source)
- Evert upper eye lid if any history of foreign body in the eye
- Watch out for signs of a corneal laceration such as a shallow anterior chamber or distorted pupil

### Treatment

- Give patient corneal abrasion information leaflet
- Instil chloramphenicol ointment 1% once immediately
- Double eye pad secured with three strips of tape (to remain on for 12 to 24 hours) – inform patient that this can be removed if this is uncomfortable and advise use of sunglasses
- Chloramphenicol ointment four times daily for five days after removal of pad or immediately in patients not padded
- Advise oral analgesia, ibruprofen-based if able to tolerate

## Care pathway for a CORNEAL FOREIGN BODY

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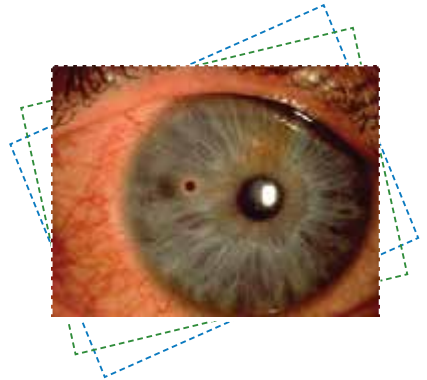
Corneal foreign bodies are common. There may be a history of trauma, or using tools (eg hammering) without protective goggles or feeling something blow into the eye. Metal foreign bodies can be very adherent and difficult to remove.

### Symptoms

- Foreign body sensation
- Watering
- Pain
- Ask about use of power tools and consider the possibility of an intraocular foreign body if high velocity

### Signs

- Visible corneal foreign body
- Red eye
- Contact lens stains with fluorescein



### Eye examination

- Observe conjunctiva and cornea with white light
- Instil 1 drop of proxymethacaine 0.5% with fluorescein 0.25%
- Observe for corneal staining preferably using a blue light
- If the presence of a corneal foreign body is confirmed, moisten a cotton bud with a few drops of sodium chloride 0.9%/proxy and gently remove the foreign body with the cotton bud, sweeping it away from the corneal surface
- Only use a needle to remove if you have been trained and have appropriate magnification
- Refer if metal foreign body
- Re-examine the eye to ensure the foreign body has been fully removed

### Treatment

- Give chloramphenicol ointment four times daily for five days
- Consider padding and oral analgesia for corneal abrasion
- Offer advice, eg on the wearing of safety glasses, to prevent another injury

## Care pathway for SUB TARSAL FOREIGN BODY

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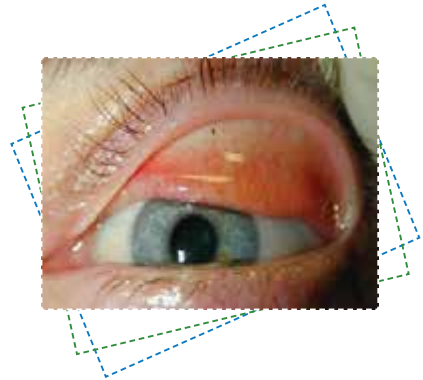
Sub tarsal foreign bodies (on the inner lid surface) are a common reason for attendance at an emergency eye clinic. They occur more commonly inside the upper eye lid. There may be a history of trauma or feeling something blow into the eye.

### Symptoms

- Foreign body sensation
- Watering
- Pain

### Signs

- Visible sub-tarsal foreign body
- Red eye
- Linear corneal abrasion



### Eye examination

- Observe conjunctiva and cornea with white light
- Instil 1 drop of fluorescein 0.25%.
- Observe for corneal staining preferably using a blue light
- Evert upper eye
- Moisten a cotton bud with a few drops of sodium chloride 0.9%
- Gently remove the foreign body with the cotton bud, sweeping it away from the corneal surface
- Re-examine the eye to ensure the foreign body has been fully removed

### Treatment

- Give chloramphenicol ointment four times daily for five days
- Consider padding and oral analgesia as for corneal abrasion
- Offer advice, eg on the wearing of safety glasses, to prevent another injury

## Care pathway for a SUBCONJUNCTIVAL HAEMORRHAGE

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A subconjunctival haemorrhage is caused by a bleeding blood vessel under the conjunctiva. Patients will often present after being told they have a red eye and may not have noticed any symptoms. Subconjunctival haemorrhages usually have no cause, but are more common after coughing or vomiting excessively. They can also be caused by mild trauma.

### Symptoms

- Patients may describe a mild popping sensation in the eye prior to observing the redness
- May describe a mild foreign body sensation or an eye ache
- Usually symptom free

### Signs

- A flat, bright red haemorrhage in the conjunctiva



### Eye examination

- Ask/review use of any non-steroid anti-inflammatory drugs or anticoagulants
- Check for any history of coughing, straining, trauma or vomiting
- Check blood pressure
- Observe lids and conjunctiva with white light
- Instil 1 drop of fluorescein 0.25%
- Observe for corneal staining preferably using a blue light

### Treatment

- Give patient subconjunctival haemorrhage information leaflet
- If no history of trauma, no treatment is required; reassure patient that the haemorrhage will resolve over the course of a week or two
- If trauma is the cause, consider referral to an ophthalmologist to ensure no underlying scleral damage or other injury
- If subconjunctival haemorrhages are recurrent, further investigations may be required to exclude any clotting disorders; however in most cases no underlying serious cause will be found

## Care pathway for EPISCLERITIS

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Episcleritis is a benign, self-limiting inflammatory disease affecting the episclera, the loose connective tissue between the conjunctiva and sclera, and causes mild discomfort. It is usually idiopathic and only rarely associated with systemic disease (eg rheumatoid arthritis).

### Symptoms

- Mild ache/soreness of the eye
- Eye is mildly tender to touch
- Red eye

### Signs

- Segmental or focal redness which can be raised (nodular)
- Redness disappears on compression and redness mobile on white of the eye with cotton bud – redness is neither mobile or compressible in scleritis



### Eye examination

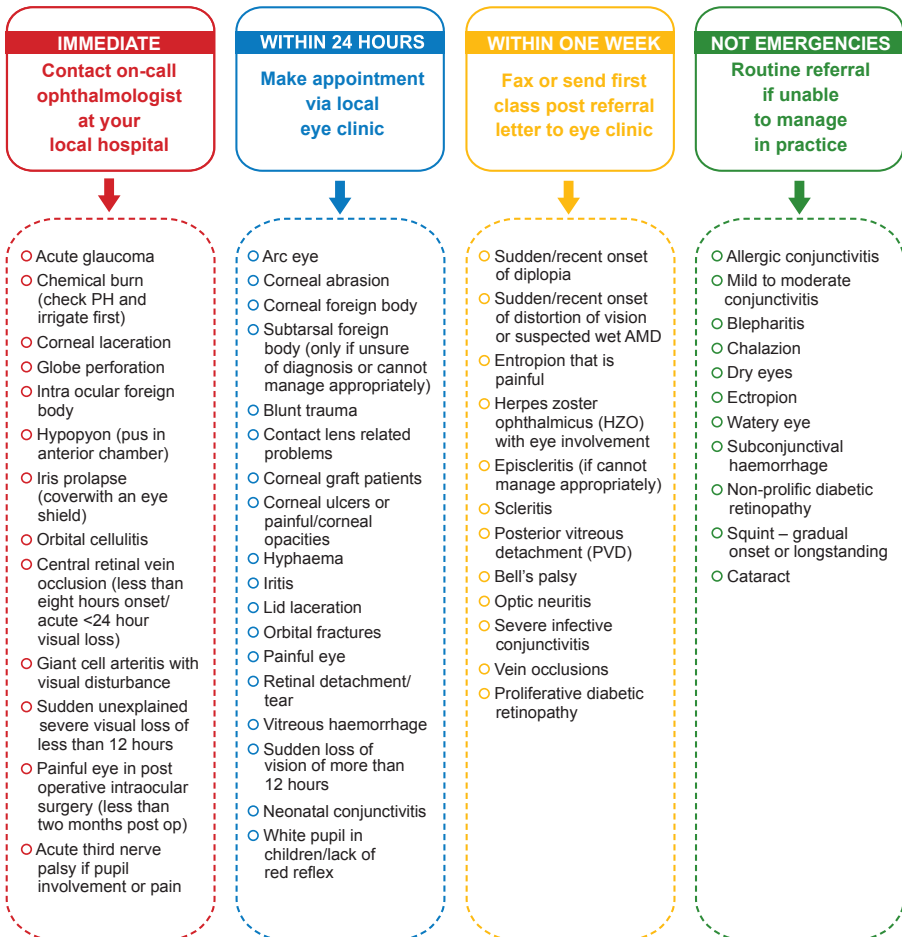
- Observe conjunctiva and cornea with white light
- Instil 1 drop of fluorescein 0.25%
- Observe for corneal staining preferably using a blue light
- You may wish to use a cotton bud to compress and move the red area

### Treatment

- Give patient episcleritis information leaflet
- Inform patient that the cause of episcleritis is unknown and that although symptoms are uncomfortable, the condition is usually self-limiting and not harmful
- Oral anti-inflammatories such as ibuprofen will help with the discomfort of episcleritis
- Artificial tears, which can be bought over the counter, will help keep the eye comfortable
- Review as appropriate



## When to refer to the ophthalmic department



# Moorfields' sites and services

Moorfields Community Eye Clinic at Barking Community Hospital, Barking IG11 9LX
Moorfields Eye Centre at Bedford Hospital, Bedford MK42 9DJ
Moorfields Community Eye Clinic at Bedford North Wing, Bedford MK40 2AW
Moorfields Eye Hospital, City Road, London EC1V 2PD
Moorfields Eye Centre at Croydon University Hospital, Croydon CR7 7YE
Moorfields Eye Unit at Darent Valley Hospital, Dartford DA2 8DA
Moorfields Eye Centre at Ealing Hospital, Southall UB1 3HW
Moorfields Community Eye Clinic at Loxford Polyclinic, Ilford IG1 2SN
Moorfields Eye Unit at Mile End Hospital, Mile End E1 4DG
Moorfields Eye Centre at Northwick Park Hospital, Harrow HA1 3UJ
Moorfields Community Eye Clinic at the Nelson Health Centre, Merton SW20 8DB
Moorfields Eye Unit at Potters Bar Community Hospital, Potters Bar EN6 2RY
Moorfields Community Eye Clinic at Purley Memorial Hospital, Purley CR8 2YL
Moorfields Eye Unit at Queen Mary's Hospital, Roehampton SW15 5PN
Moorfields Community Eye Clinic at the Sir Ludwig Guttmann Health and Wellbeing Centre, Stratford E20 1AS
Moorfields Eye Unit at St Ann's Hospital, Tottenham N15 3TH
Moorfields Eye Centre at St George's Hospital, Tooting SW17 0QT
Moorfields Community Eye Clinic at Teddington Memorial Hospital, Teddington TW11 0JL
Moorfields Partnership at Boots Opticians, Watford WD17 2UB
Moorfields Partnership at Watford General Hospital, Watford WD18 0HB
Moorfields Partnership at Visioncare Eye Medical Centre, Harrow HA3 7AF
Moorfields Partnership at Homerton University Hospital, Homerton E9 6SR



# Referral information

**Main switchboard tel: 020 7253 3411**  
**Booking centre tel: 020 7566 2357**

**Choose and Book fax: 020 7566 2847**  
**Non Choose and Book fax: 020 7566 2351**  
**Cancer two-week referral fax: 020 7566 2073**

## Sites referring to City Road booking centre

Moorfields Eye Hospital, City Road, London EC1V 2PD  
Moorfields Eye Unit at Mile End Hospital, Mile End E1 4DG  
Moorfields Eye Unit at Potters Bar Community Hospital, Potters Bar EN6 2RY  
Moorfields Community Eye Clinic at the Sir Ludwig Guttmann Health and Wellbeing Centre, Stratford E20 1AS  
Moorfields Community Eye Clinic at Barking Community Hospital, Barking IG11 9LX  
Moorfields Eye Unit at St Ann's Hospital, Tottenham N15 3TH  
Moorfields Eye Centre at Croydon University Hospital, Croydon CR7 7YE  
Moorfields Eye Unit at Darent Valley Hospital, Dartford DA2 8DA  
Moorfields Community Eye Clinic at Loxford Polyclinic, Ilford IG1 2SN

Immediate attention required	Within 24 hours	Within a week	Routine/non-emergency
A&E	Urgent referrals by fax only to Moorfields booking centre at City Road	Urgent referrals by fax only to Moorfields booking centre at City Road	Please refer patients electronically via Choose and Book as the primary method of referral

## Referrals to Moorfields booking centre at St George's

Booking centre tel: 020 8266 6332  
Booking centre fax: 020 8725 3026  
Clinic number for GPs: 020 8266 6119  
Clinic manager: 020 8725 2061

## Sites referring to Moorfields booking centre at St George's

Moorfields Eye Centre at St George's Hospital, Tooting SW17 0QT  
Moorfields Eye Unit at Queen Mary's Hospital, Roehampton SW15 5PN  
Moorfields Community Eye Clinic at Teddington Memorial Hospital, Teddington TW11 0JL  
Moorfields Community Eye Clinic at the Nelson Health Centre, Merton SW20 8DB

Immediate attention required	Within 24 hours	Within a week	Routine/non-emergency
A&E	Urgent referrals by fax only to Moorfields booking centre at St George's	Urgent referrals by fax only to Moorfields booking centre at St George's	Please refer patients electronically via Choose and Book as the primary method of referral

## Emergency walk-in eye clinic at St George's

Patients can attend between 8.30am–10pm with either a GP, A&E or optometrist referral letter.

The clinic is open from 8.30am–10pm as follows:

8.30am–5.30pm in the ground floor clinic

5.30pm–10pm in Duke Elder Ward, fifth floor, Lanesborough Wing

After 10pm, patients should attend the A&E at City Road or their local A&E unit.

If there are any doubts, patients should call the triage line on 020 8266 6115 (between 8.30am and 5.30pm) or 020 8725 2064/2065 between 5.30pm and 10pm.

If anybody comes to the clinic with an inappropriate referral, they will usually be given an appointment for the correct clinic following medical triage.

## Referrals to Moorfields booking centre at Ealing Hospital

Booking centre tel: 020 8967 5766

Booking centre fax: 020 8574 3252

Clinic number for GPs: 020 8967 5766

Monday to Friday, 9am–5pm

Out of hours via City Road A&E: 020 7253 3411

Clinic manager: 020 8967 5648

## Sites referring to Moorfields booking centre at Ealing

Moorfields Eye Centre at Ealing Hospital, Southall UB1 3HW

Immediate attention required	Within 24 hours	Within a week	Routine/non-emergency
A&E – but during clinic opening hours telephone 020 8967 5766 for advice if required	Urgent referrals can be made by telephone or fax to Moorfields booking centre at Ealing Hospital	Urgent referrals by fax only to Moorfields booking centre at Ealing Hospital	Please refer patients electronically via Choose and Book as the primary method of referral

## Referrals to Moorfields booking centre at Bedford Hospital

Booking centre tel: 01234 792290

Booking centre fax: 01234 792086

Clinic number for GPs: 01234 792643

Clinic manager: 01234 795788

## Sites referring to Moorfields booking centre at Bedford

Moorfields Eye Centre at Bedford Hospital, Bedford MK42 9DJ

Moorfields Community Eye Clinic at Bedford North Wing, Bedford MK40 2AW

Immediate attention required	Within 24 hours	Within a week	Routine/non-emergency
A&E	Urgent referrals must be faxed to Moorfields booking centre at Bedford Hospital	Urgent referrals must be faxed to Moorfields booking centre at Bedford Hospital	Please refer patients electronically via Choose and Book as the primary method of referral (or via optometrist direct referral)

## Referrals to Moorfields booking centre at Northwick Park Hospital

Booking centre tel: 020 3182 4000/4001  
 Booking centre fax: 020 8423 9588  
 Clinic number for GPs: 020 8869 3511  
 Monday to Friday, 9am–5pm  
 Or out of hours via City Road A&E: 020 7253 3411  
 Clinic manager: 020 3182 4016

### Sites referring to Moorfields booking centre at Northwick Park

Moorfields Eye Centre at Northwick Park Hospital, Harrow HA1 3UJ

Immediate attention required	Within 24 hours	Within a week	Routine/non-emergency
A&E	Urgent referrals can be made by telephone or fax to Moorfields booking centre at Northwick Park	Urgent referrals by fax only to Moorfields booking centre at Northwick Park	Please refer patients electronically via Choose and Book as the primary method of referral

## Referrals to Moorfields partnerships

### Moorfields partnership at Homerton University Hospital

Central bookings  
 Homerton University Hospital NHS Foundation Trust  
 Homerton Row, Homerton, London E9 6SR  
 Fax: 020 8510 7339

Immediate attention required	Within 24 hours	Within a week	Routine/non-emergency
A&E	Fax: 020 8510 7339	Fax: 020 8510 7339	Choose and Book

### Moorfields partnership at Watford General Hospital

Booking centre tel: 020 7566 2357  
 Booking centre fax: 020 7566 2351  
 Clinic manager: 020 3182 4016

Immediate attention required	Within 24 hours	Within a week	Routine/non-emergency
A&E	Urgent referrals must be faxed to Moorfields booking centre at City Road	Urgent referrals must be faxed to Moorfields booking centre at City Road	Paper referrals only by fax (020 7566 2351) or post to Booking centre, Moorfields Eye Hospital, 162 City Road, London EC1V 2PD
This is a small, very specialist service provided by Moorfields in the ophthalmology outpatients at Watford General Hospital. All referrals to this service are to Moorfields directly.			

## Moorfields partnership at Visioncare Eye Medical Centre, Harrow

Bookings directly via Harrow Health  
Harrow Health Ltd, 37 Love Lane, Pinner, Middlesex HA5 3EE

Tel: 020 8866 7008  
Ophthalmology co-ordinator: 020 8866 4100  
Fax: 020 8429 2336  
Email: HARHL.Information@nhs.net

Immediate attention required	Within 24 hours	Within a week	Routine/non-emergency
A&E	To discuss a referral, phone Moorfields at Northwick Park Hospital for advice (020 8869 3162) or fax referral to (020 8423 9588) – will be seen NWPk	Urgent referrals must be faxed to Moorfields at Northwick Park Hospital (020 8423 9588) – will be seen NWPk	Please refer patients electronically via Choose and Book as the primary method of referral or fax to (020 8429 2336) (Harrow Health)
Moorfields works in partnership at this location for Harrow Health Ltd, a GP-owned company in the locality. We provide consultant support to clinics run here.			

## Moorfields partnership at Boots Opticians, Watford

Bookings directly via Direct Health  
Direct Local Health Ltd (DLH), c/o Gade Surgery at Witton House, Lower Road, Chorleywood, Herts WD3 5LB

Bookings administrator tel: 0845 643 4674  
Booking administrator fax: 0845 643 4675  
Email: via email contact form DLH website

Immediate attention required	Within 24 hours	Within a week	Routine/non-emergency
A&E	To discuss a referral, phone 0845 643 4674 (DLH bookings office) otherwise urgent referrals can be faxed to Moorfields booking office at City Road (020 7566 2351)	Urgent referrals must be faxed to DLH booking office	Please refer patients electronically via Choose and Book as the primary method of referral
This service is managed by Direct Local Health Ltd, a company owned by the vast majority of NHS GPs in the Watford and Three Rivers area. Moorfields' consultant ophthalmologists see patients in a fully-equipped facility at Boots in Watford. Referral letters can be sent for any type of eye problem except acute eye emergencies, for example, sudden visual loss, detachment and trauma. Over 18 years of age only.			



**Moorfields Eye Hospital NHS Foundation Trust**

City Road

London EC1V 2PD

Main switchboard: 020 7253 3411

**[www.moorfields.nhs.uk](http://www.moorfields.nhs.uk)**

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