Call of Duty; A Dispensing Opticians Responsibility to Refer
Q&A responses by Max Halford, ABDO Clinical Lead

1 Can we send the triage form with the px along with referral letter? Or we keep that in our practice?
It will really help to send across the triage with the referral AND do always keep a copy in the patient records

2 Can we do OCT on the day to help our diagnostics even if she doesn't have any sight test booked?
If the patient is booked in for a MECS/CUES etc then the clinician should do the tests they feel appropriate

3 How do we find out which hospitals have an emergency eyecare available on weekends in particular?
Your LOC should have these details on their website- if not contact them

4 Can we refer a patients companion?
Sorry not sure I understand this question- a patient can take along a companion with them to any appointment and their details would not need to appear in the referral letter

5 With the ACES scheme in Somerset seemingly similar to PEARS and MECS, and being a border practice with patients with addresses both in Somerset and Devon, am I able/allowed to refer to MECS in Devon for example for a patient with a Devon address even though we are a Somerset based practice?
The MECS in Devon is Plymouth based and for patients who attend a Plymouth MECS opticians. Best to refer either to a Somerset acute or the Exeter acute

6 What's the web address for the online triage form?
https://www.abdo.org.uk/resource/editable-triage-form/

7 I have an issue as a locum DO, and sometimes there is no optom in practice and no one else has the information for the log on for the NHS emails.
One to pick up with the practice management teams- there should be a shared NHS email wherever possible for referrals etc.

8 Can a DO use a GOS 18?
Yes

9 Would a DO only refer if there wasn't an optom to refer?
No- a DO has a separate duty of care to their patients to refer whether or not an optometrist is in attendance. The DO should use their professional and clinical judgement to appropriately refer either externally to another healthcare professional or service or internally to an optometrist, as required for each individual patient case circumstances at the time of presentation. See the GOC Standards of Practice for Optometrists and Dispensing Opticians: 6, 7, 10 and 12.

10 Is a non-formal referral i.e. asking in house optom, officially a referral?
Internal referrals to other Eyecare professionals would count as a referral

11 We use CUES in-store on the Opera system. This doesn't' allow the DO to complete the referral. If it is something as a DO you feel you are able to deal with would you recommend bypassing CUES and use another form of referral?
OPERA is now set up to allow DO access- if there is problems contact PES

12 Can a D.O. perform a slit lamp examination or can this only be done with a C.L.O. qualification?
if we were to verbally advise a px to attend a walk in centre or A&E should we be sending them with a written referral?
DOs would have to show that they were trained and accredited to use a slit lamp as part of a service

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13 Where do we find the red flags for common eye conditions that got mentioned?
https://www.abdo.org.uk/dashboard/clinical-hub/a-z-of-common-eye-conditions/

14 Can we email the hospital if we don't have an NHS email address?
Patient sensitive data should not be shared via personal emails- it is recommended it is sent by NHS mail or dedicated local secure arrangements only

15 How would a dispensing optician have access to an NHS email account in order to send a referral, as NHS email account would ensure security of data protection?
Speak to your employer in regards to a shared NHS mail that most practices would have for the sharing of referrals

16 Referral could be to ECLO's as often the DO sees patients with Poor Near Acuity?
Indeed

17 Is sending a px to A&E ok - or does it need to be to a specific eyecare dep within the hospital?
Look for the local referral arrangements on the LOC website in your area

18 Regarding - Call in advance, what if you can't get though to a dept, or if it's near their closing time would it be ok to check IOPs with the haemorrhage?
Sorry not sure of the nature of this question

19 After how many episodes of SCH would you refer a patient that continually gets SCH
I would probably send to a GP for a work up after 2-3 episodes in 3-6 month period

20 I am a locum DO can I still refer?
Yes- the GOC registrant standards apply equally to locums as well as employed

21 How do you handle push back from HES when they find out your not an OO and reject the referral? I have had an instance where high minus flashes and floaters history of detachments has come in with symptoms but rejected because I could not do a slit lamp assessment.
Referrals should not be rejected in this way- there is no obligation to perform an examination if you are concerned that a patient is at risk of retinal detachment and you want to get them seen.

22 Is it ok for a CLO to change the ABDO referral to say referral from a Contact lens optician for contact lens patients?
Yes

23 Can you confirm the difference between MECS and CUES please.
CUES allows for use of IP optometrists and OCT which MECS doesn't normally. CUES was for used mainly during the pandemic and has generally been overhauled

24 Can the clinical hub be made available as an app on phone?
Something we are looking at for the future

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25 Why would I need to refer a patient when I have an optometrist working with me everyday? Surely this type of clinical responsibility is above our pay grade!?
As a GOC registrant you have a duty of care to your patient and a duty to refer when necessary. It is your responsibility to assess the individual circumstances present when the patient contacts/attends the practice and proceed to ensure patient safety. Please see the GOC Standards of Practice for Optometrists and Dispensing Opticians 12.4 - 12.4.3. This is particularly pertinent when an optometrist is not present however, additionally the DO also has the ability to refer the patient to the GP, pharmacy, HES e.g. ECLO and local support services as part of their role.

26 Where do we stand if we have no appointments available for a patient but the symptoms are relevant to MECS. We refer to another place for MECS, but the patient then returns to us as the MECS store have refused to see them. The patient has been told by them that we should have seen them as we have a duty of care.
Depends on your local arrangements- this is a situation to take up with your local MECS provider company or LOC

27 If we are sending a referral to the hospital do we call ahead to the on call ophthalmology?
If it's an emergency it's a good idea to do this- often they can advise on waiting times or might all the patient themselves to book a dedicated slot

28 We have just had CUES reintroduced, so are still referring quite a lot of patients to A&E, do I need to do a referral form if I am giving the px this advice?
If CUES has been reintroduced, I presume that your referrals are going to CUES mainly rather than A&E

29 Should all DO's have access to the NHS email referral system? in our practice it is only optometrists
Yes- NHSE recommends that practices have shared NHS mail accounts to send and receive referrals – this should include Optometrists and DOs

30 Depending on the signs/symptoms, should we be doing basic supplementary tests as a DO e.g. fields or is this outside our scope of practice as it may indicate we are attempting to diagnose?
Our optometrists will not refer if we have no appointment to see them (which we rarely do on the day any more) - Is this then appropriate for us to refer ourselves even in situations where it may be more appropriate to come from an optom?
If no one is available to see a patient then it is appropriate to verbally advise the patient to attend A&E- note in your records that this has been done. There would not be expectation to do additional tests as no clinician has actually seen the patient in this scenario

31 Are we allowed to email a referral letter to a patient if we encrypt it? e.g. in situation where px phones in and you feel you need to urgently refer.
If you haven't seen the patient then it is more advice and guidance you are able to issue i.e. go to A&E or book them an appointment at the practice to be seen for MECS/CUES

32 If patients contact you via telephone and you are unable to conduct tests such as V/As, should referrals still be made to the HES with areas of the form left blank? We've had a lot of referrals rejected from our local HES for this
Unless you have an agreed virtual pathway, it would be better to advise the patient to either come in for a CUES/MECS appointment or if an emergency attend A&E

33 Is there a list of conditions that are urgent, emergency or routine?
It depends on the individual circumstances, signs, symptoms and duration- referral criteria is agreed locally and should be shared on your LOC website.

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34 How can a referral be done without an NHS email. Nowadays a hand-written referral given to the px doesn't suffice (for urgent/emergency referrals)
Hand written referrals are acceptable and NHS mail cannot be dictated as not everyone has access to it, although if you don't have access you should strive to get it.

35 If you want to refer a patient and they refuse, aside from detailed information on the patient record etc.. how would you follow up to ensure the patient gets the necessary care they need?
Would it ever be acceptable, if in doubt and also after making good notes, to advise the px to call 111?
If a patient refuses referral then you should endeavour to try and understand why. Often it is because they don't understand the severity of their condition. NHS111 is a good suggestion

36 If a px has come in and you recommended to urgently go to HES, is it a good idea to state the time/date they came in if you have doubts that they won't go there straight away?
Indeed- record as much of the details for the conversation/advice given as you can for the patient records

37 Can a DO submit a GOS18?
Yes

38 Our local hospital closes its eye dept at 4pm on a Saturday. Where do we stand then, if the eye dept is shut.
It is up to the local acute hospital to provide care- in the absence of the "eye dept" this is often A&E

39 Should you always include "no ophthalmoscope performed" when referring as a DO?
Depends a little on the nature of the referral- if it's obviously anterior then perhaps not required but good practice would be to indicate that a posterior examination has not taken place.

40 If you are referring the patient to A&E do you need to include any other notes like copy of last test?
Would you ask the patient to sign a disclaimer if they refuse?
Any information you feel would be helpful to the receiving clinician is good but most areas have a minimum standard for information that should be sent- see your LOC/ROC/AOC website for details

41 Is feedback from a referral always sent back to the practice , if not would you encourage the patient to let us know how they got on ,and follow up with a phone call in a few days ?
Yes- hospitals are notoriously bad at copying referral outcomes to optical practices and only send to GP. A follow up call to the patient is a great idea.

42 How might we refer across borders?
Depends on local referral arrangements and urgency of the referral- the LOC/ROC/AOC website should have the relevant details

43 Can we still tell our px's to go straight to A&E? Should this not include a written referral, because I've been made aware some A&E's don't accept px's without a referral document.
If you haven't actually seen the patient for an appointment then they shouldn't be insisting on a written referrals unless it's an agreed local protocol?

44 If as a DO we do feel we need to refer. Do we still confirm that the patient is ok for the referral to be done & give them a copy of it?
Yes- always ask the patient if they are happy to be referred, explain why you are referring them and the urgency, and give them a copy of any referral letter

45 We are not an NHS registered Practice. Where do we stand for referrals that require the NHS being involved?
No different to an NHS practice.

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46 Are we allowed to refer children?
Yes

47 Some px's don't want to go to the hospital in an emergency. What happens if the refuse to take advise ? Where can you access the triage form that you mentioned that prompts you forward?
If a patient refuses referral then you should endeavour to try and understand why. Often it is because they don't understand the severity of their condition. Triage form is available at https://www.abdo.org.uk/resource/editable-triage-form/

48 If a patient from another practice came in for advice should I refer direct to GP/hospital directly or should I send them back to their own practice who will obviously have more background information?
Depends on the nature of the condition- as a registrant you have the duty to refer and this could be back to the other practice or if you feel appropriate GP/hospital

49 Should I ask px to call 111 or go to A&E without a referral after my local eye casualty is closed?
Both are sensible suggestions- if it's clearly an emergency perhaps direct to A&E may be more effective

50 If a non contact lens wearer comes in with an anterior eye problem, can a CLO without extended services look at them or would that be considered out of scope.
It would depend on the individual circumstances of the patient attending and the personal scope of practice and training of the CLO, for example, some CLOs have undertaken additional training in dry eye management. Any additional training is required to be recorded for indemnity cover. See the GOC Standards of Practice for Optometrists and Dispensing Opticians 6, 7 and 12. A CLO who has successfully completed the extended services course will have a greater scope of practice and additional indemnity cover.

51 If the referral is urgent and we want the patient to go to A&E, do we give them the referral and send them direct or does A&E still expect the patient to phone 111 first?
No- a call to NHS 111 would not be expected

52 What is our duty of care to a patient calling in with problem over the telephone? Do we send the patient direct to eye casualty without a referral form if the symptoms fit this and then document on the record card where we sent them
Yes that would be the correct approach

53 I live in Northen Ireland and the Hospital service here is so far behind now and so understaffed that they will not accept urgent referrals everyone is Triaged by the hospital basically on the grounds of their V/A and without taking other factors in to consideration. Is this really acceptable? Our waiting list for an initial urgent appointment is about 3 years and px's are all basically being told to pay privately
Backlogs in secondary care are of grave concern- I would suggest you contact your local eyecare representative to raise this issue.

54 I was advised not to do IOP's or fields as if I had gotten to this position to refer a patient, doing IOP's and fields wouldn't change my mind. What is your view of a DO referring without an OO and doing IOP's/Fields?
A DO has a duty to refer- if you suspect an anterior eye problem and there is no optometrist available then I would refer without IOP/fields and clarify this on the referral.

55 How would a DO differentiate between a retinal detachment that needed emergency or urgent referral?
If patient present with symptoms of a retinal detachment it is an emergency referral.

56 Do internal referrals needs to be written or in the case where a patient is in store would a verbal referral be accepted? I'm thinking where the patient can be seen straight away.
In this case a verbal conversation would be fine

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57 What if a patient refuses to act on your referral?
See previous answers

58 One of my optom is currently getting her IP qualification, would this be an instance of internal referral that would be beneficial?
Indeed it would- its will be important to ascertain what local arrangements have been put in place to utilize your colleagues IP qualifications

59 If the px does not want to be referred can you still inform his GP?
You can write to the patients GP if you feel it is in the patient's best interests- I would suggest you discuss this with another clinical colleague or contact ABDO for advice when this situation arises.
Please also see the GOC Guidance on disclosing confidential information. Available at:
https://optical.org/en/standards-and-guidance/disclosing-confidential-information/disclosing-confidential-information/

60 Can any practice access MECS triage form?
Depends on the local arrangements for your MECS pathway

61 Can a referral be written just on practice headed paper?
Yes -provided it contains the minimum standards for referral

62 We normally ask optom for triage advice but happy to give simple advice about minor dry eye etc
A&E in our area have been referring back to us for referral back to eye dept in the same hospital!!
If the patient hadn't been seen by you in the first instance this is a bit strange? If you had seen them in the first place then I think they want you to send them to the eye dept and not A&E?

63 Wouldn't it be helpful to send oct images if you felt the patient had symptoms of a retinal issue i.e. distortion in vision and especially if known dry AMD history?
Yes but often the provision of OCT is not funded by the NHS and there are IT issues sending an OCT image due to file sizes etc. In a perfect world referrals would be funded to include all the relevant clinical information a clinician could capture.

64 Can we refer through choice office like optometrists do?
Sorry I am unaware what "choice office" is

65 How do you find out which practices in your area offer CUES/MECS
Contact your local optical committee who should retain a list

66 If I refer to an Optometrist, for a suspected urgent issue, does my responsibility end there?
Not necessarily- if the optometrist was the most appropriate clinician and able

67 If you refer to your optom in-house about something urgent and they refuse to see patient is that your responsibility? What would you do about it?
I would speak to the optometrist to try and get an idea of why they had refused the referral and work with them to establish a multi-disciplinary team approach to patient care. If this didn't work then I would seek support of the practice management team

68 How do we get access to triage forms?
https://www.abdo.org.uk/resource/editable-triage-form/

69 Do we have to get px permission in writing to forward photo's etc regarding any condition for referral?
Yes – patients must give their permission to be referred and this would include the sharing of relevant clinical information.