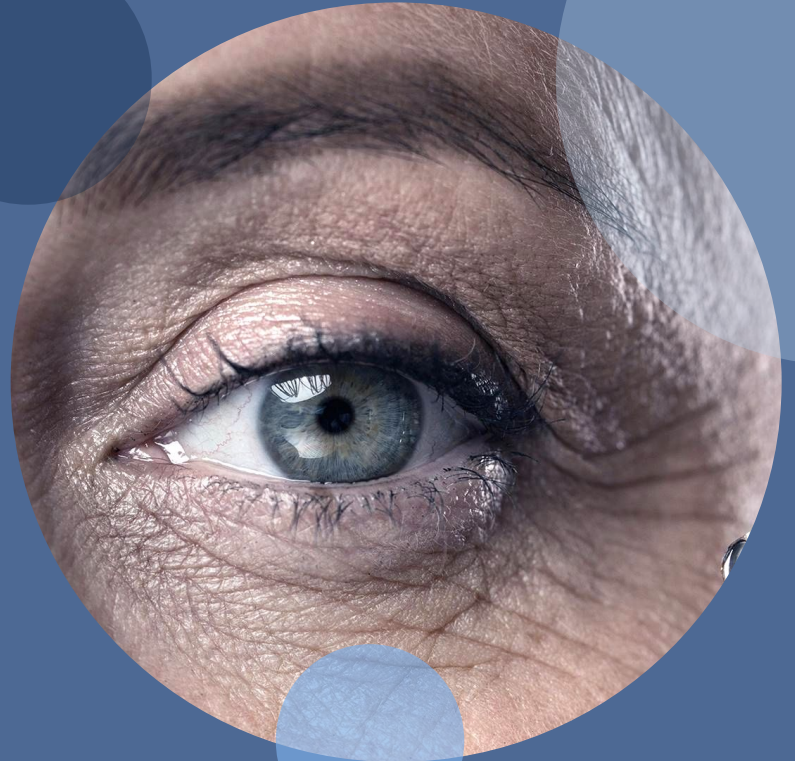


# Referrals - Top Tips

C-103351



# Standards for optometrists and dispensing opticians

## 7. Conduct appropriate assessments, examinations, treatments and referrals

1. Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs or cultural factors.
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.
3. Only prescribe optical devices, drugs, or treatment when you have adequate knowledge of the patient's health.
4. Check that the care and treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) over-the-counter medications.
5. Provide effective patient care and treatments based on current good practice.
6. Only provide or recommend examinations, treatments, drugs or optical devices if these are clinically justified and in the best interests of the patient.
7. When in doubt, consult with professional colleagues appropriately for advice on assessment, examination, treatment and other aspects of patient care, bearing in mind the need for patient confidentiality.

# Standards for optometrists and dispensing opticians

## 6. Recognise, and work within, your limits of competence

1. Recognise and work within the limits of your scope of practice, taking into account your knowledge, skills and experience.
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.
3. Ensure that you have the required qualifications relevant to your practise.
4. Understand and comply with the requirements of registration with the General Optical Council and the legal obligations of undertaking any functions restricted by law, i.e. sight testing and the sale and supply of optical devices.

# College Of Optometrists



01

When to refer

02

Whom to refer to

03

Telling the practitioner

**What are the key things to consider for each of these categories?**

04

Telling the patient

05

Sending the referral

06

Recording the referral

# 01

## When to refer

If you observe a sign or symptom of injury or disease which you cannot manage within your competence or scope of practice, you should refer the patient to an appropriate practitioner who is registered with a statutory regulator.

If, in your professional judgement, you do not need to refer the patient, or it is impractical to do so, you may decide to manage the condition yourself.

If you decide not to refer the patient you must record:

- a. a sufficient description of the condition
- b. the reason for deciding not to refer on this occasion
- c. details of advice or treatment given to the patient.



# 01

## When to refer

If you decide not to refer the patient you should inform the patient's GP of any relevant findings, if the patient consents.

The welfare of the patient must not be compromised.

You must refer patients with appropriate urgency. If there are local protocols in place for referrals, including emergency or urgent referrals, you should follow these. If in doubt, you should seek advice from the on-call ophthalmologist to determine the most appropriate pathway for the patient.



# 01

## When to refer

**Patients have a right to be fully involved in decisions about their care.**

**If the patient does not wish to be referred you should:**

- a. ensure they understand why the referral is necessary**
- b. record a full account in the patient records**
- c. obtain the patient's signature on a declaration that they do not wish to be referred.**



02

# Whom to refer to

**You must only refer patients to a practitioner with the appropriate qualifications and registration.**

**When you refer a patient, you also transfer responsibility for the relevant part of the patient's care.**

**If the patient is not registered with a GP, or wishes to see a doctor privately, you should give them the referral letter and tell them to register with a GP or to arrange a private appointment with an appropriate doctor, for example an ophthalmologist. Alternatively, you can send your advice by recorded delivery to the patient and enclose the referral letter.**





# 03

## Telling the practitioner

You should write a clearly worded referral and include:

- a. relevant details from the eye examination
- b. the reason for referral, including images where appropriate
- c. details of discussions with the patient and any with the practitioner to whom you are referring
- d. the level of urgency.

If the patient is already receiving care for the observed sign of injury or disease you should notify the practitioner who is caring for them if you believe your findings might provide additional, useful information.

If you send the referral letter directly to the practitioner to whom you are referring, you should ensure that the patient's GP is kept informed. This may be relevant in an emergency or where you use a referral centre.



# 04

## Telling the patient

If you are referring the patient to a doctor, the law says you must give the patient a written statement of the reasons for referral, immediately following the sight test. If you cannot write the referral letter immediately following the sight test, you can write the reason for referral elsewhere, for example on the patient's prescription.

You should ensure that the patient understands the urgency of the referral.

You should tell the patient when they should expect to hear about their referral and what to do if they do not hear within that timescale.



# 04

## Telling the patient

You should tell the patient what to do if their symptoms get worse before they are seen.

You should give patients copies of any correspondence relating to them so that they are clear about their condition and the care they are receiving. This can also be useful in case the original correspondence goes astray.

If the patient is not legally responsible for their own care, you should copy the letter to the person who is legally responsible.

You should provide copies of correspondence and any relevant supporting information in an accessible format.



# 04

## Telling the patient

You should ask young people who have the capacity to consent to treatment whether they would like to receive copies of information about themselves, and how they would like to receive this.

You should not copy a letter to a patient if:

- a. they decline a copy
- b. the letter contains information about another person who has not given their consent for you to disclose this information (other than if the patient originally provided this information or if you remove this information from the copy letter)
- c. you feel it may cause harm to the patient. Giving bad news is an insufficient reason for withholding a copy of the letter.



05

# Sending the referral

If you post the copy of the referral letter to the patient:

- a. find out where they would like it to be sent
- b. use the patient's full name in the address and check with them if they share the same name as someone else at that address, and how to avoid confusion with other family members.

When you send a referral, make sure it is sent by a secure method or the patient has given consent for it to be sent by an alternative method.



# 06

## Recording the referral

You should keep copies of all referral letters and a note of the discussions held with the patient, including the advice you gave.



# Referral Urgency: What are the urgency categories & time frames?



- **What influences your choice of urgency?**
- **Where would you find the correct referral pathway?**
- **What kind of unnecessary referrals are common?**

# Referral Urgency



Emergency -  
within 24 hours



Urgent - within 1  
week



Routine -  
condition  
dependent



# Referral Urgency

## Clinical Management Guidelines

The CMGs offer information on the diagnosis and management of a range of conditions that present with varying frequency in primary and first contact care.

<https://www.college-optometrists.org/clinical-guidance/clinical-management-guidelines>



# Referral Urgency

## Definition of an emergency

**A78** There is no legal definition of an emergency. It may include:

- a. red eye
- b. recent loss of vision
- c. recent onset of ocular pain
- d. symptoms which strongly suggest a recent retinal tear or detachment
- e. giant cell (temporal) arteritis (GCA).

<https://www.college-optometrists.org/clinical-guidance/guidance/knowledge,-skills-and-performance/examining-patients-who-present-as-a-n-emergency#Definitionofanemergency>

# Referral Pathways

<https://www.locsu.co.uk/>



- Area dependent
- Each practice should have access to local pathways
- LOC can support
- NHS guidance on local services



# Case Studies

**Male 8 years old**

**Symptoms:**

**Painful swelling around right eye lid**

**Conjunctival redness**

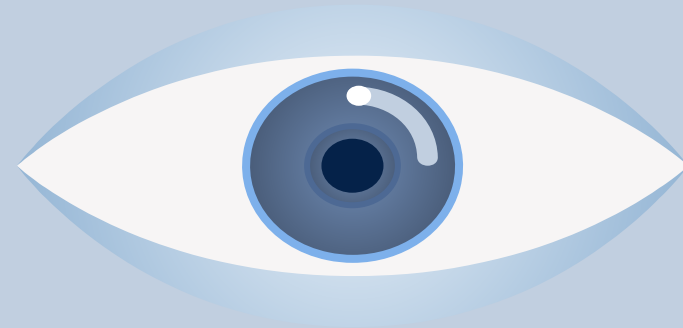
**Nasal tenderness**

**High temperature**

**Px has been feeling ill for several days,  
tired and lethargic**

**Discussion Points:**

- **Diagnosis & possible differentials**
- **Management & referral options**
- **What key signs/symptoms influence your choice?**



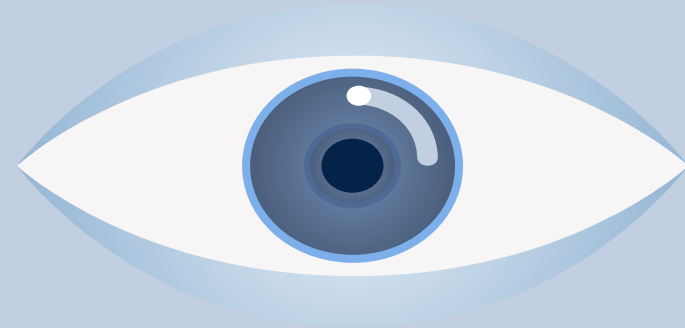
# Orbital Cellulitis: Symptoms, Causes, Diagnosis and Management

Orbital cellulitis is an infection of the soft tissues and fat that hold the eye in its socket. This condition causes uncomfortable or painful symptoms.

*Streptococcus* species and *Staphylococcus aureus* are the most common types of bacteria that cause this condition. However, other bacterial strains and fungi can also be the cause of this condition.

Treatment - Referral to hospital to receive intravenous (IV) antibiotics.

Referral - Emergency - within 24hrs



**Female 48 years old**

**Symptoms:**

**Flashes of light**

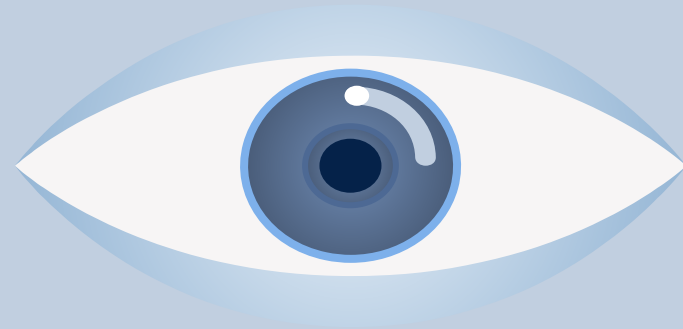
**Curtain over vision**

**Blurred vision, sudden onset**



**Discussion Points:**

- **Diagnosis & possible differentials**
- **Management & referral options**
- **What key signs/symptoms influence your choice?**

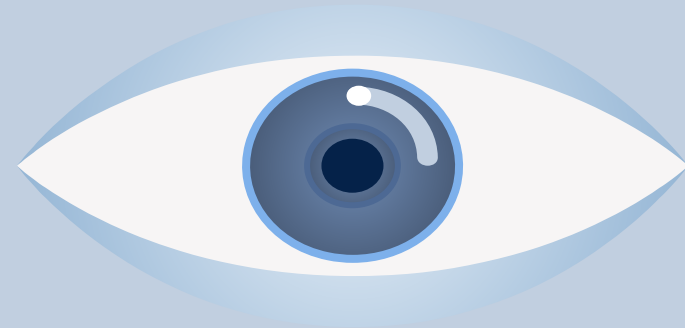


# Retinal Detachment - Macula Off

Urgent referral - within 24 hours - Macula On - ASAP

Surgery to re-attach the retina or fix a retinal tear may involve:

- removing and replacing the jelly inside your eye (vitrectomy)
- attaching a small band around your eye to push the wall of your eye and retina closer together (scleral buckling)
- injecting a bubble of gas into your eye to push the retina against the back of your eye (pneumatic retinopexy)
- sealing the tear in your retina with laser or freezing treatment (cryotherapy)



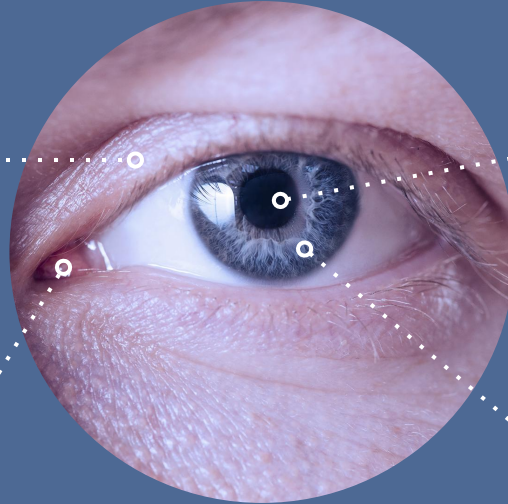


# What are your key referral tips...

**Make sure it is legible**

**Ensure patient details are spelt correctly and the date of birth is correct**

**Always give visual acuity – you may assume that it's not relevant, but it often helps with the urgency of the triage**



**Make sure the symptoms are clear, both what they are and how long they have been there**

**Give the patient a copy of the letter so they understand why you are referring them**

**Say exactly what you see**

**Be clear about why you are referring the patient**

**Only give ocular history when it's relevant**



Scan the QR  
code to  
download  
your  
certificate

